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Alienation from society, peers, and self : a study of patients and therapist in traditional and free outpatient mental health clinics.

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ALIENATION FROM SOCIETY, PEERS, AND SELF: A STUDY OF PATIENTS AND THERAPIST IN TRADITIONAL AND FREE OUTPATIENT MENTAL HEALTH CLINICS

A Dissertation Presented

By

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Alienation from Society, Peers and Self:
A Study of Patients and Therapists in Traditional
and Free Outpatient Mental Health Clinics (August 1975)

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A study was undertaken to assess the pattern of three alienation types among the staff and patients of a traditional and a nontraditional psychotherapy clinic setting. Alienation was conceptualized as including separable social, peer, and self subconstructs. Four separate instruments were each employed to measure these alienation types enabling a multimethod-multitrait analysis. The instruments were the Leary interpersonal check list, a figure placement, a self rating measure, and selected alienation scales. Results indicated strong support for hypothesized patient-staff alienation differences with patients consistently more alienated on all three alienation types than staff in both clinic settings. Statistically consistent support was not found for hypothesized greater alienation scores in the traditional clinic setting. Multimethod-multitrait analysis of the measures and alienation types failed to demonstrate their statistical separability. These results were discussed in view of the theoretical and methodological difficulties encountered in employment of such alienation typologies and in gathering

data necessary for complex statistical analysis in these settings. Implications for the measurement techniques and theoretical usefulness of the alienation construct were discussed.

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CHAPTER I

INTRODUCTION

In the past decade alienation has become a household word, and among both the academically annointed and the sensational unwashed it has been pressed to duty as a catchall explanation for a splendid array of psycho-sociological events. Yet, as Feuer points out, "The concept 'alienation' has a lineage which one can trace right back to Calvin, who saw man alienated through all time from God by his original sin" (in Scott and Scott, p. 128). Recent empirical studies leave off just short of Feuer's view: alienation is linked to crime (Lander, 1954), political behavior (Kornhauser, Sheppard, and Mayer, 1956), racial prejudice (Srole, 1956; Lutterman, 1970), drug usage (Horman, 1971), religious orthodoxy (Keedy, 1958; Quinney, 1964), mental hospitalization (Gibbs, 1962), social learning (Seeman, 1963), and even heart disease (Cron, Wardell, and Bahnson, 1963). If this list seems impressive, it is yet only suggestive of the imaginativeness displayed in an apparent zeal to entangle all intellectual problems in the alienation web. Add the ambiguously related concept of anomie, and the swell assumes the proportions of a "school" of modern thought encompassing--if not securely linking--political scientists, sociologists, and psychologists, not to mention journalists, theologians, politicians and others. The purpose of this section is briefly

to establish a psychological definition for the alienation concept used in this study.

Kaufmann (1971) has noted that "'Alienation' came into its own during the Cold War, as a meeting place for East and West, for Marxism and existentialism." Indeed, alienation occupied an important place in the work of Hegel (1807) and the early work of Marx (1844). While Marx later condemned alienation as "philosophical nonsense," and Soviet Marxists later showed little enthusiasm for the concept, certain Western philosophers and social theorists were intrigued by the romantic aspects of alienation which seemed so compatable with existential philosophy. Self estrangement, one aspect of alienation as discussed by Marx (1944), proved to be an idea whose time was ripe in the climate of existential philosophy, and alienation drifted across the Atlantic on the intellectual tide during the post-war period.

Recent theorists have elaborated both the individual and the social sides of the alienation coin. While the work of Merton (1957) emphasizes the social structural referents, there is an apparent trend toward a more psychologically oriented, or experiential, interpretation of the construct. However, conceptual clarity is elusive as a rule, and the deceptively simple social vs. psychological dichotomy defines the territory too rigidly. Thus Nettler (1959) and Meir and Bell (1959) have characterized alienation as a state of despair; Fromm (1955) as "moral aloneness"; Laing (1967) as

mystification and unreality; and Keniston (1965) as distrust. The most common current usage of the construct, however, focuses on individuals' sense of disengagement from, bewilderment toward, and perceived lack of control over, their social environment (Srole, 1956; Seeman, 1959; Dean, 1961; McClosky and Schaar, 1965). Seeman (1959) suggested a five-fold typology for alienation which is now widely known. He argued that the alienation construct included feelings of: (1) powerlessness, (2) meaninglessness, (3) normlessness, (4) social isolation, and (5) self estrangement. He suggested that these components are logically and empirically separable; not all need be present in a given individual, so that, for example, an individual may feel socially estranged and powerless without experiencing confusion regarding social rules and norms.

Among the problems most frequently associated with alienation theories is the failure to specify the thing from which a person is alienated. As Kaufmann states the problem:

> We are concerned with a relationship between A and B. A is a person or group of persons . . . A is usually specified, and if there is any great vagueness, it rarely results from failure to indicate who A is. But B needs to be specified, and confusion frequently and typically results from the failure to specify from whom or what A is supposed to be alienated (in Schacht, 1971, p. xxiv).

The present definition attempts to specify explicitly this referent.

Definition of alienation. The definition of alienation used in the present study focuses on perceived detachment as the common denominator of alienation. This definition is distinctly psychological in its approach to alienation as an active process, an individual's sense of detachment from what he perceives to be outside his self. Such a definition is potentially broad, and is conceptually concise: alienation is limited to this perception. Implied in this definition is the notion that some individuals experience disturbingly large degrees of detachment, or feel detached from that with which they seek to identify. While detachment is highlighted in this definition, it is noted that certain assumptions regarding self and society suggest its conceptual scope.

It is postulated that individuals are faced with coping with their purely biological and personal needs on one hand, and with social or societal needs on the other. A simple model can be formulated regarding the direction or referent of estrangement in individuals with reference to the demand characteristics and reward systems which apply to different social roles. It is not intended here to develop a complicated model, but rather to suggest a simple "self-to-others-to-society" continuum of interaction. An idealized self view is also included as a possible referent from which one may perceive detachment. Etzioni (1968) has suggested an inevitable "self-to-social" disjunction in all societies (resulting in "irreducable alienation") but which may vary according

to social demand characteristics of given roles. Srole (1956) suggested a continuum of "self-to-others" belongingness as the basis of his construct. Turner too is in agreement in stating that "alienation is not a simply unitary dimension, but . . . exists in relation to various groups and forces in the person's life field" (1968).

The present conception of alienation as a process (detachment) operating toward various referents confers several advantages: (1) A single process may be investigated with regard to various social references hypothesized to be of individual significance. That is, alienation viewed as detachment may be measured with regard to one's self, peers, society, and so forth. (2) The social perceptions of individuals are not equated with objective societal conditions (not that such objective conditions do not exist) and few assumptions need be made regarding social reality, while those which are made may be clearly understood as assumptions.

CHAPTER II

AIMS OF THE PRESENT STUDY

Alienation, as the review above suggests, may be conceived as a psychological dimension composed of subconstructs describing an individual's sense of detachment from himself and others. The present study concentrates on the alienation characteristics of persons engaged as patients and therapists in the process of psychotherapy. Three alienation types are advanced: alienation from society, from peers, and from self.

The aims of this exploration are twofold: first is a description of alienation patterns observed in both patients and staff in two different outpatient psychotherapy settings. In these settings it is expected that those dispensing and those receiving help will exhibit quite different perceptions of themselves and their society. Also of interest is the alienation typology itself and methodological considerations in its use and validity. This portion of the study is seen as contributing to, and supportive of, the exploration of alienation characteristics of the study groups.

Individuals occupying different positions in social structures (of family, work, government, etc.) are subjected to different patterns of psychological demands, and their relationships to these structures seem likely to be influenced accordingly. The two therapy settings under study, a "free

clinic" (FC) and a traditional Veteran's Administration facility (VA), were chosen to provide a diversity of staff and patients not often encountered in a single setting. It is expected that the alienation characteristics of these groups will illuminate aspects of how staff and patients perceive parts of their interpersonal worlds.

In proposing a concise definition of alienation, each subconstruct is measured by each of several methods of measurement, allowing an assessment of the cohesion within the subconstructs, as well as their divergence or separability. Since it is desired that each method of measurement agree when assessing a similar trait, and yet each maintain the ability to separate logically different traits, the alienation measures employed will be evaluated for these characteristics.

CHAPTER III

SAMPLE GROUP IMPRESSIONS AND HYPOTHESES

This chapter will describe the four groups which comprised the subjects for this study and present hypotheses regarding the expected alienation characteristics of each group. The selection of the four subject groups was influenced primarily by my own experiences as a therapist in two outpatient settings: the Mental Hygiene Clinic at the Veteran's Hospital, and the Haight-Ashbury Free Clinic, both in San Francisco. These personal experiences strongly molded my view of these settings, in turn strongly influencing my expectation of differing alienation patterns in each setting and group. Therefore these experiences are set forth below in some detail.

Sample Group Impressions

The free clinic. In the fall of 1971 I began to volunteer time as a therapist at the Haight Free Clinic (FC). This work continued until the psychological services portion of the FC was closed in July, 1973, for lack of money. The FC annual budget of about $44,000 covered rent, one full time administrator, two part time staff who had varied responsibilities, a telephone, and supplies. Approximately thirty therapists volunteered time ranging from several hours to several days per week. During the peak demand month of Jan-

uary it was estimated that the FC handled 240 client visits per week.

The FC was located in a somewhat rundown three story Victorian house in the Haight Ashbury section of San Francisco. On the first floor a community action group had offices. On the second floor was located the "desk" which served as the crossroads of the clinic. In this large hallway, many times repainted in bright but chipping layers of paint, patients and therapists mingled, chatted, drank coffee, and located available counseling rooms. Six large rooms were used for counseling sessions, therapists and clients meeting where space was available. Records were kept in a cabinet near the desk, although most therapists did not keep extensive records beyond the initial intake interview form, which stated briefly the client's presenting problem and the therapists' initial impressions. Case assignments were made on a space-available basis or through word-of-mouth requests clients or therapists.

Administration of the FC was informal. Consultation on cases occurred in informally arranged and shifting meetings of therapists. Medical back-up and medicines, when used, were handled through referral of clients to the medical section of the FC. (The entire Haight FC consisted of Psychological Annex, Heroin Detoxification, and Medical-Dental sections.) Meetings of the entire staff were attempted periodically, but attendance at these meetings was sporadic.

Most FC therapists were graduate school drop-outs, lived in San Francisco, and supported themselves doing a wide variety of other jobs, usually not involving their psychological training. What brought therapists to the free clinic was often a disenchantment with academic or other institutional settings and a keen interest in the counter-culture movement in the city. Many felt closely identified with the FC and the Haight-Ashbury district--interests and lifestyle characteristics which were shared with clients. For both therapists and clients the FC was our clinic, and although the clients usually seemed younger than staff, there was a clear clustering of values common in both groups around what may be loosely termed a "hippie" lifestyle.

Even the range of problems presented to therapists by clients tended to be familiar to the therapists: situational social problems, assorted anxieties and depressions, drugs, and often a history of having been rebuffed or repulsed by the "nine-to-five" world: job hassles, an emphasis on form (rigid rules for correct procedures of doing) at the expense of content (what in fact was being done), and the like. Despite its reputation as a "drug" clinic, to the FC came a wide variety of problems unrelated to drug usage. Diagnostically, patients ranged from presenting situational and transient problems to outright psychoses. In these tattered but comfortable surroundings each therapist was free to "do his own thing". It was an atmosphere which at once revealed and re-

affirmed a sense of common destiny for staff and clients.

The Veterans Administration clinic. In the fall of 1973 I began my clinical internship at the Veterans Administration Hospital in San Francisco (VA). Most of my time at the VA was spent in the Mental Hygiene Clinic, an outpatient facility located on the second floor of the Psychiatry Service building and removed from the bulk of the hospital which was primarily medical.

Physically the contrast of the VA with the FC was immense. In the VA modern offices were carpeted wall-to-wall, neon-lit, clean--and institutional. Each office contained a large government issue desk and assorted chairs, perhaps a bookcase, and the usual "in-out" box piled high with clinic charts awaiting periodic reports and signatures, letters, and other required paperwork. Clients waited for appointments downstairs in a waiting room removed from the receptionist's office by a counter. From this room clients proceeded to their therapist's offices after the therapist was notified via phone of his appointment's arrival and had signified that he was ready. Once on the second floor, the client was exposed to a long corridor with doors uniformly spaced. Each door bore a sign ("Dr. Smith", etc.), although a directory was also available at the elevator. This arrangement was not entirely unpleasant, nor completely sterile, but it was very institutional.

The staff hierarchy was very clearly delineated in the

VA. Although the therapists included psychiatrists, psychologists, social workers, and residents and interns, the administration and authority were medical, and could be traced step by step to the hospital administrator. A psychiatrist had to supervise, at least formally, every therapist in the clinic--rather an insulting position for licensed clinical psychologists, especially.

It would be a mistake to characterize the VA staff as hopelessly staid; this was not so. Although neckties were usually worn, beards and long hair were also abundant albeit neatly trimmed. The general atmosphere was pleasant if subdued, and warm friendships developed between myself and several VA staff. One was struck, however, by what often appeared to be a split between the public and private lives of some VA staff. For example, I discovered one staffer to be a secret vintage motorcycle enthusiast and friend of a prominant rock band, as well as being a poker-faced psychiatrist. Such behavior is consistent with the medical training and ethos which dominates this clinic, and the public impression is not penetrated quickly, nor often I suspect, by an "outsider". I doubt that many patients glimpsed beyond the appearance, for there were few gaps. Few could mistake therapist and patient in a setting geared to optimize the distinction. The Mental Hygiene Clinic did not, in fairness, invent the patient/doctor distinction. As a satellite of a large hospital placed on an old military reservation, and

guided at national levels by reactionary leadership, the VA clinic was, by VA standards, a rebel. And the pressure to keep in line was relentless. Everybody was aware of how we were funded. The resulting mentality among staff seemed to involve outward compliance, hunkering down before the realities of the institution, but privately--well, who knows what their private lives consisted of?

Clients at the VA were more varied in appearance than at the FC. Many were older veterans with long-standing psychiatric disabilities for which they received compensation ranging up to $450 per month. Some had previously been inpatients in various VA psychiatric wards. At the other extreme were young Viet Nam vets, many with presenting problems similar to those of the FC clients: social adjustment difficulties, identity worries, drug abuse, or problems specifically related to their participation in the Viet Nam war. Medication, especially tranquilizers, were widely prescribed and taken, reflecting the staff's medical orientation as much as client symptomology. In all, these clients were a diverse group. Several therapy groups had a reputation as consisting of chronically disabled, older, heavily medicated vets whose primary social ties were to the VA rather than their home communities, while other vets were attending San Francisco Bay area colleges on the GI bill. Approximately half of the clinic referrals originated in the medical hospital, while the remainder were primarily self referred, often at the ur-

ging of a private physician or family members.

Summarizing these impressions, the FC clients and staff appear more similar in their values and life styles, more closely identified with the FC as a logical extension of their shared and predominantly counter-culture orientation. The VA setting was characterized by a more pronounced divergence between therapist and client, with both staff and patients exhibiting an apparent ambivalence to the institutional characteristics of the VA, but lacking a discernible identification with one another vis-a-vis these institutional frustrations. The VA clients especially seem a diverse group in life styles and values; most VA staff appear to accept a traditional medical role in their interaction with one another and with clients. This medical role serves to confine the therapist/client interaction to a highly professional, strictly limited, and therapist-controlled series of therapy sessions.

Hypotheses

The following set of expected alienation patterns are derived from the impressions described above.

Hypothesis 1. All three types of alienation will be higher in the VA groups than in their FC counterparts.

At first glance, the counter-culture orientation of the FC groups might suggest the reverse of this hypothesis. However, the more open characteristics of the FC setting as com-

pared with the institutional frustrations encountered in the VA were expected to offset the "conventional" orientation of the latter. It is by no means a settled matter whether counter-culture institutions reflect high alienation, indeed my experiences have been to the contrary: that is, the FC in particular evolved partially in response to the alienating characteristics of "conventional" settings, and the structure so developed tended to lessen alienation. Of course, people's lives are for the most part lived outside their clinic settings--especially the patients'--and the other forces at work in their relationships are not dictated by their patient or therapist roles.

Regarding the different types of alienation, no specific predictions were made. Examination of the social, peer, and self types proceeds on an exploratory basis since the settings are complex, and previous research on alienation has not utilized the present typology. In essence, there was no a priori basis for expecting specific patterns of alienation to characterize either setting.

Research bearing on the organizational characteristics of institutions also supports the first hypothesis. Aiken and Hage (1966) found that highly centralized and formalized work structures were associated with higher alienation from work and alienation from expressive relationships. Centralization was defined by a hierarchy of authority and nonparticipation in decisions, while formalization was defined by job

codification and rule enforcement. These are structural characteristics more typical of the VA than the FC setting. Fritz Pappenheim, in The Alienation of Modern Man, makes a similar argument regarding the alienating characteristics of large bureaucratic institutions. Additional support for this alienation hypothesis is provided indirectly by the formulations of Etzioni (1969, 1970) regarding the socialization "costs" of inherently alienating institutions and social roles. Etzioni writes that "those expenditures required to keep men in frustrating roles and to prevent them from being altered are higher (in bureaucratic institutions) than those which would be required to keep men in less frustrating roles" (1970, p. 326). It is seen that in terms of money, at least, the salaries are rather high in the VA staff group, while FC therapists volunteer their work.

Hypothesis 2. All three types of alienation will be higher among clients than staff in both clinic settings.

This hypothesis proceeds from a general consideration of the patient-staff differentiation. Not only is it assumed that many patients lead frustrating and disrupted lives, but difficulties discussed in therapy often revolve specifically around social, peer and self-image dissatisfactions. Such perceived difficulties may motivate persons to seek psychotherapy, or awareness of these issues may be raised during therapy and become more clearly experienced.

With regard to the pattern of alienation expected, no

specific hypotheses are offered for the same reasons cited above. A finding of rather high peer alienation scores in the VA patient group would be consistent with the widely held staff impression that many patients live in virtual social isolation. Similarly, especially high social alienation scores in the FC patient group would also tend to confirm impressions of this group as a more socially rebellious one. Neither of the speculations is expressed as a specific hypothesis.

Davids (1955), in his study of college students, found ego structure, interpreted as a measure of personal and social adjustment, to be inversely related to alienation. Simmons also found that students alienated from society tended to obtain higher scores on a measure of personal disturbance (1965), although he notes that alienation from school and alienation from society demonstrate a degree of independence ($r = .17$), prompting him to caution that "people can be simultaneously alienated in varying degrees from different references" (p. 460).

There is a general belief that patients are more psychologically "disturbed" than counselors and the expectation of higher alienation in the patient than staff groups is thus strengthened.

In this section the sample groups were described from a subjective viewpoint. Hypotheses were advanced regarding expected alienation patterns and briefly discussed in light of

personal assumptions and illustrative research.

CHAPTER IV

SAMPLING PROCEDURE AND GROUP CHARACTERISTICS

The research instrument used in this study is reproduced in Appendix A. The structural differences in the settings, the limitations imposed on the use of client subjects for research, the data gathering process, and the sampling techniques are described in another section. In addition, group characteristics obtained from the Personal History Form (PHF) are presented and discussed. These data contribute substantially to an understanding of the groups compared in this study.

Sampling Procedures

Obtaining permission to contact VA patients for inclusion in the study proved to be difficult. My proposal to contact a random sample of patients by mail, enclosing research instruments, was submitted to the Human Subject Use Committee of the University of California. This group consented to allow such a mailing provided that I obtain each therapist's prior permission and developed adequate procedures to guarantee anonymity to respondents. Of the 200 patients randomly sampled from active VA clinic files, permission was given to contact 146. Of this number at least 50 mailed booklets were returned as undeliverable--typically because no forwarding address was known. Undelivered mail

was still returning, at a diminished rate, when I left the VA. One hundred booklets presumably were delivered, but only 26 were returned completed and usable.

To assure anonymity each booklet was given a code number. The name of the participant was detached upon receipt, and completed questionnaires were handled by number. While assuring privacy of response--at least as delicate a matter among staff as patients--this procedure precluded follow-up letters and possibly reduced the VA patient response rate.

Among VA staff the research instruments were handed out individually, following a personal pitch for cooperation made during staff meetings. General questions were candidly answered when they arose. Most staff concerns centered on the possibility that I might be evaluating therapist effectiveness. Naturally, I attempted to allay such fears. All staff, irregardless of title, who saw patients for group or individual psychotherapy sessions, were sought for the study. Returns were obtained from thirty-six VA therapists. Since questionnaires were distributed also at the Palo Alto-Menlo Park VA complex, it is estimated that approximately fifty individuals were contacted altogether, for a sampling return of approximately 70%.

In the FC, questionnaires were placed in the area of the desk. Therapists were contacted personally and asked to participate and to encourage their patients to do so. Unfortunately this data collection was progressing when the

impending closing of the clinic was announced. This provoked a rapid exodus of patients and staff--all potential subjects. Completed forms were obtained for twenty-six patients and seventeen FC staff. This represents nearly all of the active FC staff in the spring of 1973 who were still in the San Francisco area during June. Nearly thirty FC staff are estimated to have been active during the winter months. Due to the unique circumstances surrounding the closing of the FC, the number of staff returns is considered high. Patient returns are more difficult to estimate but probably reflect about 50% of the patients seen during the period of data collection. Fifty patient forms were delivered to the clinic and forty were removed, twenty-six of which were returned completed, indicating a response rate of approximately 65% for this group.

Before leaving the issue of sampling, a word is in order regarding these return rates. One is led to conclude that it is indeed a serious matter when returns are obtained from (to cite the worst), about 27% of the VA patients contacted. While this factor may have caused a bias in alienation scores (i.e., returns from the less alienated being deemed most probable), these were the limitations in using this population for research under the guidelines established by the Human Subject Use Committee. If the returns are assumed to have come from the least alienated in each group, significant differences between groups would be more difficult to obtain

and hence the comparisons actually more conservative than indicated. Unfortunately, subtle group differences may not have been detected.

The data presented below demonstrate that the samples (bearing in mind the caution concerning their representativeness) were certainly rather different groups.

Group Characteristics from the Personal History Form (PHF)

The following tables and discussion are based on data gathered on each group with the PHF. (Complete cross-tabulation tables are contained in Appendix B.) Table 1 contains simple descriptive statistics for each group. In the interest of simplicity, FC patients are labelled FCPT, FC staff are FCST, VA patients are VAPT, and VA staff are VAST in this and subsequent tables and discussion.

The highly significant sex difference is due largely to the overwhelming preponderance of males in the VAPT group, but note also the two-to-one ratio of females in the FCPT group. The racial composition reveals that the FC groups were entirely white along with the VAST; VAPTs account for the only blacks in the sample. Religious declaration strongly differentiated the FC and VA groups, a finding which confirms a probable counter-culture preoccupation with non-traditional values.

Political party registration (necessary to vote in California primaries) showed the majority of all groups either as

TABLE 1

Group Differences Expressed as Percentages

Variable		VAST	FCST	VAPT	FCPT	CHI SQUARE	p<
Sex	Male	61.1	43.8	96.2	33.3		.01
	Female	38.9	56.3	3.8	66.7	23.18	df = 3
Race	White	97.2	100.0	69.2	100.0		
	Black	00.0	00.0	30.8	00.0		.04
	Oriental	2.8	00.0	00.0	00.0	27.07	df = 6
Religion	None	33.3	80.0	23.1	52.0		
	Protestant	27.8	6.7	42.3	8.0		
	Catholic	16.7	6.7	30.8	20.0		
	Jewish	13.9	6.7	3.8	8.0		.05
	Other	8.0	00.0	00.0	12.0	33.38	df = 21
Political Party	Democrat	63.9	37.5	19.2	52.0		
	Republican	8.3	00.0	11.5	00.0		
	None	27.8	62.5	61.5	44.0		.01
	Other	00.0	00.0	7.6	4.0	21.26	df = 12
Read Daily Paper	Yes	69.4	31.3	57.7	36.0		
	No	8.3	18.8	19.2	4.0		.01
	Sometimes	22.2	43.8	23.1	60.0	21.34	df = 9
Suicide Attempt	Yes	00.0	25.1	24.0	24.0		.05
	No	100.0	75.0	76.0	76.0	12.72	df = 6
Army Service	Yes	33.3	18.8	96.2	16.0		.01
	No	66.7	81.3	3.8	84.0	42.68	df = 3

registered Democrats or not registered at all. The VAST showed the highest proportion of registration, the FCST and VAPT groups the lowest. This suggests a surprising discrepancy between therapists in these settings in terms of their commitment to regular party politics. Less than one third of the FCST read a daily newspaper, the lowest proportion of the groups, perhaps also indicating a lack of interest in news events and politics, at least as presented through the auspices of "the System."

Two additional items were placed in this table because the results were quite unexpected. First, approximately one quarter of all groups--except the VAST--reported one or more suicide attempts. This proportion is, of course, far higher than in the population at large (about 1/10,000 per year) and far higher in FCST than was anticipated. Service in the armed forces is included primarily to reveal that 16%, or nearly one half the male FC patients, are veterans and therefore eligible for VA care, yet chose the FC setting. Additionally, the proportion of the VAST who are veterans was lower than expected.

No significant differences were obtained between the groups regarding place of birth, ancestral background, or region of the country where they had principally lived. In one respect this last finding is surprising, as it has been often assumed that many FCPTs were remnants of the great "flower children" migration to San Francisco of the late

1960's. In fact, nearly one half of the FCPT group have lived most of their lives in California (48%), while 40% claim to have been born there. This compares to 46% of VAPTs who have lived mostly in California, 23% of whom were born there.

Table 2 presents further information on group differences which attain statistical significance. (Complete tables are contained in Appendix C.) Several contrasts are quite startling in this table. Although the mean age of therapists in the FC and VA settings are different, the greatest discrepancy is in the average age of patients. The FCST, alas, average over 30! In years of education the therapists predominate in each setting with the VAST averaging close to twenty years (MD or PhD level), the FCST average one year post-graduate, with the FCPT and VAPT groups finishing last. Notice, however, that the VA patients' group mean seems to account for the obtained difference in parents' education, the means for parents' education show surprising uniformity among the other three groups. Another interesting finding is the astounding difference between groups on reported yearly income. The relative equality of the FCPT and FCST groups supports the impression that, at least in this important respect, their lifestyles are similar. The gross income difference between VAPT and VAST highlights a pronounced difference between these groups.

Table 3 presents additional data bearing on differences

TABLE 2

Group Differences Expressed as Means

Variable	VAST N=36	FCST N=17	VAPT N=35	FCPT N=26	F-Ratio
Age in Years	38.80 (11.3)	31.81 (9.2)	47.56 (7.1)	24.20 (3.4)	33.21*** (df = 2,98)
Number of Siblings	2.08 (1.5)	2.18 (1.6)	4.00 (3.1)	2.04 (1.6)	5.35** (df = 3,99)
Years Married[1]	12.22 (9.0)	6.66 (9.5)	13.47 (10.6)	4.50 (3.6)	2.42,n.s. (df = 3,60)
Years of Education	19.36 (1.8)	17.00 (2.1)	12.00 (3.6)	13.68 (2.4)	47.94*** (df = 3,99)
Mother's Years of Education	13.31 (3.2)	13.75 (2.3)	10.22 (2.6)	12.64 (2.3)	7.06*** (df = 3,94)
Father's Years of Education	14.35 (4.5)	14.12 (3.6)	10.38 (4.1)	13.63 (3.2)	4.71** (df = 3,89)
Salary Last Year Thousands of Dollars	17.89 (9.6)	4.71 (5.0)	4.48 (4.7)	3.52 (3.1)	31.88*** (df = 3,97)
Number of Years in Same Job	6.16 (6.0)	3.68 (4.2)	7.61 (5.9)	.92 (1.2)	8.88*** (df = 3,99)

[1]38.5% of total sample not married are excluded.

*p<.05
**p<.01
***p<.001

TABLE 3

Group Differences Expressed as Percentages

Variable	VAST N=36	FCST N=17	VAPT N=25	FCPT N=26	CHI SQUARE	p<
Marital Status						
Never	19.4	31.3	19.2	56.0		
First	50.0	18.8	34.6	16.0		
Separated	2.8	25.0	11.5	8.0		
Remarried	5.6	00.0	23.1	00.0		
Divorced	2.8	6.3	11.5	4.0	44.96	.005
All other	8.4	18.8	00.0	16.0	df = 24	
Living Arrangement						
Spouse	55.6	31.3	57.7	16.0		
Child	13.9	6.3	00.0	8.0		
Parent	00.0	6.3	7.7	4.0		
Same Sex Friend	2.8	18.8	00.0	16.0		
Opposite Sex Friend	2.8	6.3	00.0	32.0		
Alone	22.2	25.0	23.1	20.0	48.43	.002
All other	00.0	6.3	11.5	4.0	df = 24	
Dwelling						
Unstable	2.8	12.5	3.8	4.0		
Dorm	00.0	6.3	00.0	4.0		
Room	00.0	12.5	7.7	8.0		
Apartment	38.9	50.0	26.9	64.0		
House	55.6	12.5	53.8	16.0	35.04	.027
Other	2.8	6.3	7.7	4.0	df = 21	

between the sample groups related to living patterns. These data reveal some interesting differences in the living arrangements of the groups. More than one half the FCPT group have never been married, possibly due in part to their lower age. When considered in light of living arrangement, the VAST emerge a more stable group (in terms of marriage partners), and are far less often separated or divorced than their FCST counterparts. Nearly one third of the FCPT group live with friends of the opposite sex, a finding to be considered in light of the high proportion who are unmarried. Interestingly, the percentage of each group living alone is relatively uniform.

Living in a single family house--often in the suburbs surrounding the city--is clearly more characteristic of both VA groups, while apartments predominate in the FC groups. In view of the low reported income of the VAPT group this finding may be due more to age and other factors than affluence alone.

This chapter has demonstrated that the four groups compirising the sample differ significantly in many important characteristics. While the data do not seem to suggest a simple pattern of differences, they do seem to suggest several general group differences:

(1) The VAST have an average yearly income nearly four times that of the other groups, while the other three groups are relatively, and uniformly, poor.

(2) The VA groups are older than the FC groups, more often married, more often living in single family houses, in short, leading more traditional lives.

(3) Political party affiliation and reading a daily newspaper, if used as indices of social interest, show the FCST and VAPT groups least interested.

(4) The percentage of FCPT, FCST, and VAPT groups reporting suicide attempts is very high and uniform (about 25%).

These statistics are not presented to test assumptions about the sample groups, but rather to supplement the impressionistic discussion in the preceding section. The composite view of these groups reveals many complex differences rather than simple consistent patterns.

CHAPTER V

ALIENATION CONSTRUCTS AND MEASURES

This chapter presents an overview of the alienation constructs and the means employed to measure them. Three alienation states are advanced: alienation from society, alienation from peers, and alienation from self. These three states are conceived to lie on a general self-to-others continuum, as such a conceptual view of alienation is useful in understanding the relationship between the proposed alienation types. Also in this chapter four alienation measures are introduced and their application to each alienation type explained. These measures are: alienation scales, a figure placement (social schema), a self rating of alienation feelings, and the Leary Interpersonal Check List. Details of the exact administration of measures are explained in Appendix D.

Alienation from Society

The scale method of assessing alienation utilizes Srole's scale and items from a scale developed by McClosky and Schaar. Clinard (1964) has summarized the attitudes which Srole assesses in identifying the alienated person:

> (1) Community leaders are indifferent to his needs, (2) little can be accomplished in a society whose social order is essentially unpredictable, (3) social goals are receding from him rather than being reached, (4) no one can be counted on for support, and (5) life is meaningless and futile (1964, p. 35).

Srole wrote of this scale that

> concretely this variable is conceived as referring to the individual's generalized pervasive sense of "self-to-others closeness" . . . and "self-to-others belongingness" at the other pole of the continuum (1959, p. 711).

McClosky and Schaar (1965) utilized an alienation scale of which they state that

> the items express the feelings that people today lack firm convictions and standards, that it is difficult to tell right from wrong in our complex and disorderly world, that the traditional values which gave meaning to the individual and order to the society have lost their force, and that the social ties which once bound men together have dissolved (1965, p. 24).

Inspection of these items imparts the flavor of the scales. First Srole's, then McClosky-Schaar's:

(1) In spite of what some people say, things are getting worse for the average man.

(2) It's hardly fair to bring children into the world with the way things look for the future.

(3) Nowadays a person has to live pretty much for today and let tomorrow take care of itself.

(4) There is little use in writing to public officials because often they aren't really interested in the problems of the average man.

(5) These days a person doesn't really know who he can count on.

---

(1) With everything in such a state of disorder, it's hard for a person to know where he stands from one day to the next.

(2) Everything changes so quickly these days that I often have trouble deciding which are the right rules to follow.

(3) I often feel that many things our parents stood for are just going to ruin before our eyes.

(4) I often feel awkward and out of place.

(5) People were better off in the old days when everyone knew how he was expected to act.

(6) It seems to me that other people find it easier to decide what is right than I do.

A second measure, the figure placement, is based on Kuethe's social schema method and was originally employed as a projective measure of social distance strategies. Modifications of this technique have recently been used to measure alienation constructs. Ziller (1971) asked subjects to place a "self circle" on a page containing a triangle of "other circles". Placement inside the boundaries of the triangle was interpreted as a measure of social interest in others. Totor and LeBlanc (1971) measured the distance between figures which subjects had placed on a screen and interpreted greater distance as indicating higher alienation. They obtained positive correlations between this measure and measures of external locus of control, anxiety, depression, and hostility.

In the present study a fixed figure in the center of each page represents the "self as I am now." To measure social alienation subjects were asked to place three figures described as "typical persons" about this "self" figure. The

mean distance of such placements is interpreted as a perceived self-other--in this case typical person--distance.

A self rating measure of social alienation was obtained by asking subjects to read a criterion statement written so as to embody key elements of the social alienation construct. Subjects indicated their agreement, by percent, with this statement:

> The confusion in our society is a problem for me. With things changing rapidly and moving in different directions I get the feeling that I don't really belong. It seems as if the whole society is out of control, and there's nothing I can see to do about it. It's hard to know what things mean in this society.

The rationale for this measure is the fact that often respondents will provide more reliable information about their feelings when asked directly about those feelings. In contrast to the complications encountered in the construction of scales and projective methods, the self rating seeks to allow respondents to express their conscious perceptions, using as direct and clear a format as possible. While similar in some respects to the alienation scales, these criterion statements contain <u>all</u> the elements of each alienation type. Thus subjects must respond to an overall description of each alienation type. The instruction requesting subjects to read all three alienation criterion statements before indicating their agreement or non-agreement with each may enhance comparison of the types, and finally the response format is more

open-ended than that of the scales.

A fourth measure of social alienation is obtained from the Leary Interpersonal Check List (ICL). The ICL was distilled from a 344 word check list compiled by Seczek (1955) from traits appearing in the psychological literature up to 1950. This checklist was revised (LaForge, 1955), and was extensively used by Leary (1957) with further revisions. Form IV of the ICL, the one used in the present study, consists of 128 adjectives or short phrases which are given a weighted score of one to four for traits which were judged mild to extreme. Since the ICL can be completed with instructions to describe one's self and real or imaginary people, it is possible to interpret a discrepancy between selected ICL descriptions as measuring alienation.

Subjects were asked to complete this check list under four conditions: describing themselves, then their ideal selves, their closest friend, and a "typical" person. Social alienation was assessed by the discrepancy between respondents' self view and typical person view--this difference being, essentially, their perception of congruence with a typical person in this society. These ICL descriptions are essentially projected composit images, not necessarily in accord with an outsider's view of the respondent, but flowing from the respondent's perceptions of himself and others.

Alienation from Peers

Peer alienation is viewed as occupying a conceptual middle position between social and self alienation in the model proposed here. One's peers logically stand in closer relation to one's self than does society at large--unknown "typical" people. While many writers appear to address peer alienation, their typical research paradigm involves the measurement of voluntary group participation as a function of more global measures of alienation (cf. Clark, 1959). In general, participation in voluntary groups has been found to be related to other alienation measures. Although he did not specifically refer to peer alienation by name, Davids (1961) asked students to rate themselves and the "average student" on several traits. His finding of higher pessimism, distrust, egocentricity, resentment, and anxiety among the alienated students suggests the operation of these traits in their dealings with other students--in other words, their peers.

A peer alienation scale has been developed by Turner as one of nine subscales on his Alienation Inventory. As he described the alienation from peers core:

> The major group involved is the age peer group. However, within the age group there are important distinctions. Although there is a general concept of peers, the following should be involved: girls, gang peers, non-gang peers. The issue is the degree of involvement and perception of common values (Turner, 1968).

These five items are:

(1) I have nothing in common with most people my age.

(2) My way of doing things is not understood by others my age.

(3) It is safer to trust no one--not even so called friends.

(4) Most of my friends waste time talking about things that don't mean anything.

(5) In the group that I spend most of my time with most of the men/women don't understand me.

Although specific reference is made to age-peers in this scale, it appears to address the general perception of detachment from one's "inner cirle" of acquaintances, and was used as the scale measure of peer alienation assessment.

The second method of measuring peer alienation is again the figure placement. As with this measure of social alienation, subjects were asked to place three figures freely about a centrally located self figure. They were instructed that these three placements represented their "three closest friends". As above, the mean distance of these placements was taken as a measure of perceived distance, in this case from close friends, or peers.

Self rating was used as a third measure of peer alienation. As with social alienation, subjects were asked to read a criterion statement and express as a percentage their agreement with it. In this case the statement read:

> The difficulty of finding friends is a problem for me. Most of the people I see are difficult to get to know, and very often we're not interested in the same things. I don't spend much time with people, and usually I don't miss their company.

A fourth measure of peer alienation was obtained from the ICL. As subjects had been asked to describe their closest friend in one of the four administrations, this friend-self perception discrepancy was interpreted as a measure of self-to-peers alienation. The logic and procedure of this measure parallel the social alienation measure obtained with the ICL.

Alienation from Self

Little use has been made of this construct in empirical research, although writers influenced by psychoanalysis have employed similar theoretical conceptions. Horney stated that "through the eclipse of large areas of the self by repression and inhibition as well as idealization and externalization, the individual loses sight of himself . . ." (1945, p. 151). R. D. Laing has indicted Western man as severely self alienated:

> Our capacity to think, except in the service of what we are dangerously deluded in supposing is our self interest, is pitifully limited: our capacity to see, hear, touch, taste and smell is so shrouded in veils of mystification that an intensive discipline of unlearning is necessary for anyone before one can begin to experience the world afresh, with innocence, truth and love (1967, p. 26).

A study by Taviss (1969) sought to document a trend from social to self alienation during the period from 1900 to 1950. Using a thematic analysis of popular fiction, she found a significant trend toward self alienated themes during this period. Other writers have suggested this trend in our culture. Riessman et al. (1950) have described the new Western man as increasingly "other directed", no longer directed or controlled by his inner states, but operating in conformity to the approval and definitions of others. Roszak (1969) has focused on the role of technocracy and "experts" in usurping ever more human experience and reducing it to "data" compatable with the ubiquitous computer. Merwin (1970) found that a scale developed to measure self alienation correlated significantly with scales of the MMPI measuring depression and anxiety, as well as several indices of more severe psychopathology. In that study self alienation and social alienation were found to be characterized by different MMPI scale configurations.

The scale for measurement of self alienation was that developed by Merwin (1970) and expanded by Merwin and Twaite (1971). These items were developed to assess five characteristics of self alienation: (1) experience of one's actions as alien, (2) experience of one's self as alien, (3) experience of one's past as alient or unknown, (4) experience of one's dreams and fantasy as irrelevant or meaningless, and (5) experiencing uncertainty as to one's own feelings. This

scale consists of the following eleven items:

(1) I feel I know myself pretty well.

(2) I often do things without knowing why.

(3) I seldom have a feeling of emptiness.

(4) I remember most of what happened in my early childhood.

(5) I feel I am too much what others want me to be.

(6) My dreams seldom make much sense to me.

(7) Sometimes I am bothered because I don't know how I got to be the kind of person I am.

(8) Very often I feel like a stranger to myself.

(9) My daydreams seem irrelevant to me.

(10) Often it's hard for me to make up my mind because I don't know how I really feel about something.

(11) Often when I have an experience I feel that it isn't really happening to me.

A second measure of self alienation again utilized the figure placement. Subjects were asked to freely place an "ideal self" figure in relation to a central self figure and the distance between figures was interpreted as indicating self alienation. This procedure does not encompass exactly the five characteristics of self alienation used in the development of the scale method, but does correspond to the basic definition of alienation as a perceived discrepancy between the self and a reference point.

Self rating was employed as a third measure of self alienation with this criterion statement:

> Being out of touch with my real self seem to be a problem for me. I don't know myself very well, and have the feeling of just pretending to be me. Since I don't understand why I do the things that I do, they don't seem to mean very much to me.

In a fashion similar to the other traits measured by this method, the self-ideal self discrepancy was used as a measure of self alienation. The logic and procedure are identical to those already set forth.

In this chapter both the alienation types measured and the methods of measurement have been considered together. It bears emphasizing once again that each method is used to measure each alienation type, a point which is especially relevant to the data analysis to follow.

CHAPTER VI

RESULTS: MEASURE OF ALIENATION

In this section preliminary results of each alienation measure are described, and are presented in a similar format to facilitate comparisons among both groups and measures. Although discussion is reserved for a subsequent section, the results are briefly summarized here as well. This section follows a basic organization: first an overall one-way analysis of variance is presented for each measure of alienation type (e.g., figure placement measure of self alienation). This analysis allows rejection of the null hypothesis H_0: $X_1 = X_2 \ldots X_n$; that is, that the group means are not significantly different from one another. Such inference does not, however, point to which specific group means are different from each other. In particular, two contrasts are of relevance to the study: the contrast between VA and FC clinics (setting), and that between patients and staff (role). Accordingly these two contrasts have been calculated and evaluated against the appropriate T-statistic, and tested for significance against a pooled variance estimate (SPSS Update 6000, 1972, section 244.18 ff.). A third section of each table presents group means with underlining to indicate those means <u>not significantly different</u> at the 5% level when evaluated against the Duncan Range Test for multiple comparisons (cf. SPSS Update 6000 section 244.22 for further discussion

of the Duncan procedure). Inspection of the group means helps clarify the differences and similarities indicated by the contrast and allows an evaluation of the extent to which specific group means contributed to setting and role contrasts and the overall analysis of variance. Higher scores on each measure signify higher alienation. Note also that the group means at the bottom of each table are listed in their order of magnitude (rather than following a set order).

This section, because it treats each measure and alienation type, is of necessity somewhat long, and the detailed treatment of each measure separately does not impart an integrated view of the results to the reader. Before attempting to integrate and simplify this data it is desirable to present instead the initial analyses upon which later discussion will depend. However in the interest of clarity, the results are summarized here and at the end of this section. The patient groups obtained higher scores on all statistically significant comparisons. On social alienation, the figure placement scores of the FC groups were also higher, while self rating scores were higher for the VA groups. Peer alienation results from the figure placement and self rating were not statistically significant, although the scale measure of peer alienation was significantly higher in the VA. Self alienation was higher among patients on all measures. In general, the role differences were nearly all significant with patients obtaining higher scores, but the setting com-

parisons were inconsistent and usually not statistically significant. This brief summary is shown in Table 4.

Scale Measure of Alienation

The alienation scale measures are now considered. Results of the social alienation scale are reported in Table 5. This table reveals that the groups show significant overall differences on the social alienation scale, and that these differences are due almost entirely to the staff/patient role comparison rather than the VA/FC setting contrast. Inspection of the group means shows higher scores (therefore higher alienation) among patients. Although the FCST tend to have slightly higher scores than VAST, these differences do not approach significance. The expectation of higher social alienation among patients is supported, while that for higher alienation in the VA setting is not.

Peer alienation scale results appear in Table 6. This scale revealed significant overall group differences. In addition, both setting and role contrasts were significant. Inspection of the group means reveals that staff differ from patients (are lower on peer alienation), but in addition, the especially high score obtained by VAPTs set them apart from all other groups, while the FCPTs were significantly higher than both staff groups, but lower than VAPTs on this scale. The expectation of higher peer alienation in the PT groups is supported; and at least among patients, so too is the expec-

TABLE 4

Significantly Higher Alienation Setting and Role Contrasts

Measure	Alienation Type		
	Social	Peer	Self
Scale	Pt	Pt, VA	Pt
Figure Placement	Pt, FC	n.s.	Pt
Self Rating	Pt, VA	n.s.	Pt
ICL	Pt	Pt	Pt

TABLE 5

Social Alienation Scale: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio[1]
Between groups	3	33.91	11.30	21.15***
Within groups	100	53.44	.53	
Total	103	87.35		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	-.95	(.29)	100	.343
Role	7.19	(.29)	100	.001

Group Means

VAST	FCST	FCPT	VAPT
1.28	1.59	2.49	2.52

[1]In this and subsequent tables in this section

* indicates p<.05
** indicates p<.01
*** indicates p<.001

TABLE 6

Peer Alienation Scale: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	65.33	21.77	32.61***
Within groups	100	66.77	.66	
Total	103	132.11		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	2.54	(.33)	100	.013
Role	7.93	(.33)	100	.001

Group Means

VAST	FCST	FCPT	VAPT
.87	1.12	1.76	2.86

tation of higher peer alienation in the VA setting.

The self alienation scale results are shown in Table 7. This table reveals significant overall group differences for self alienation. Although the contrast of settings did not achieve significance, the staff-patient contrast was highly significant. Inspection of the group means reveals both VAPT and FCPT groups have higher self alienation scale scores than either staff group, and in addition the FCST were significantly higher than the VAST. These results tend to confirm the expectation of higher self alienation in the patient groups, but do not support the expectation of higher self alienation in the VA setting: the tendency--although not statistically significant--is in the other direction.

Summarizing the alienation scale results then:

(1) Consistently higher scores were obtained by the patients on all alienation scales when compared to staff.

(2) Staff groups were significantly different from each other only on self alienation, where VAST are lower.

(3) Patient groups were only significantly different from each other on peer scale scores, where FCPTs are lower.

Little support is found for the expectation of higher overall alienation in the VA, while considerable support is found for the expectation that patients will show higher overall scores than staff in both settings. It is noted that the VAST are consistently the lowest group on all alienation scales, while the VAPTs are highest.

TABLE 7

Self Alienation Scale: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	42.67	14.22	19.16***
Within groups	100	74.24	.74	
Total	103	116.92		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	-1.59	(.35)	100	.115
Role	6.50	(.35)	100	.001

Group Means

VAST	FCST	FCPT	VAPT
1.13	1.78	2.50	2.59

Figure Placement Measure of Alienation

The figure placement measure results are examined in the manner utilized above. Higher scores on this measure result from more distant placements of the critical figures from the stimulus, and are interpreted as indicating greater alienation. The social alienation figure placement results appear in Table 8. These results reveal a complexity not encountered with the scale measures. Overall, there were significant differences among the group means. The group contrasts were both significant, indicating both setting and role differences. While the FC groups combined obtained significantly higher figure placement scores, the FCST groups combined obtained significantly higher figure placement scores, the FCST were not significantly higher as a single group, than either the VAST or VAPT. The latter two groups, while not significantly different from the FCST, were significantly different from one another. The FCPT group was significantly higher on this variable than all other groups. These results reveal two basic themes: higher social alienation (as measured by figure placement) in the FC setting, and substantially higher social alienation among patients than staff. Within each setting patients exhibited higher scores than staff, with placement distances approaching twice those of staff.

Table 9 displays the inconclusive results obtained for the peer alienation figure placement measure. While group means show a clear trend toward higher peer alienation scores

TABLE 8

Social Alienation Figure Placement: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	10983.61	3661.20	11.16***
Within groups	100	32783.48	327.83	
Total	103	43737.10		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	-3.10	(7.35)	100	.002
Role	4.23	(7.35)	100	.000

Group Means

VAST	FCST	VAPT	FCPT
16.94	26.96	31.11	43.93

TABLE 9

Peer Alienation Figure Placement: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	284.95	94.98	1.98 n.s.
Within groups	100	4787.81	47.87	
Total	103	5072.77		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	-1.00	(2.8)	100	.318
Role	1.85	(2.8)	100	.067

Group Means

VAST	FCST	VAPT	FCPT
9.68	11.75	12.94	13.70

among patients, this difference did not attain statistical significance. Only the VAST and FCPT groups differed significantly on this comparison. These results do not lend support to the study hypotheses, possibly due to the large variability found within each group on this measure.

The results of the self alienation figure placement are shown in Table 10. As this table indicates, there was significant overall difference between group means. Inspection of the contrasts, however, reveals that this is largely due to the effect of role, a conclusion which oversimplifies a novel ordering of group means. In this instance, the VAPT group show significantly higher scores than either staff group; although not significantly higher than the FCPT group, while FCST obtain the lowest scores. Support for the expectation of higher self alienation in patient groups was found, but only a non-significant trend existed for higher scores in the VA than FC settings.

Before considering the next alienation measure, a brief comment is in order regarding the figure placement results. As compared to the scale method, the variance within subject groups seems considerably greater, preventing, in the case of peer alienation, attainment of statistically significant results.

Self Rating Measure of Alienation

Table 11 presents the results of the social alienation

TABLE 10

Self Alienation Figure Placement: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	831.08	277.02	3.48*
Within groups	100	7946.62		
Total	103			

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	1.58	(3.62)	100	.116
Role	10.52	(3.62)	100	.005

Group Means

FCST	VAST	FCPT	VAPT
1.32	3.63	6.02	9.45

TABLE 11

Social Alienation Self Rating: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	837.27	279.09	6.50***
Within groups	96	4116.72	42.88	
Total	99	4954.00		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	2.47	(2.71)	96	.015
Role	3.77	(2.71)	96	.000

Group Means

FCST	VAST	FCPT	VAPT
.47	2.47	4.24	8.95

measure. This table reveals an overall difference among the group means, and significant contrasts between both settings and roles. FC groups were lower than VA groups, as staff in both groups obtained lower scores on self rated social alienation than patients. Significance of the contrasts thus suggests support for both study hypotheses, however only the VAPT mean is significantly higher than the others when individual means are contrasted.

Self rated peer alienation results appear in Table 12. This measure failed to attain significance on overall variability, pooled group contrasts, or individual group mean contrasts. It is recalled that peer alienation measured by figure placement also failed to achieve significance, similarly due to apparent wide variability within all subject groups. Naturally, no support is found here for the initial hypotheses.

Results of self rated self alienation appear in Table 13. This measure exhibits a significant overall difference between groups. Examination of the group contrasts indicates the presence of a large contribution from the role contrast: staff tended to obtain lower scores on this measure than patients in both groups, supporting the expectation of lower self alienation among staff than patients. No support was found for the expectation of higher self alienation in the VA setting.

The self rating method, perhaps the most direct of the

TABLE 12

Peer Alienation Self Rating: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	226.13	75.37	1.27 n.s.
Within groups	96	5669.50	59.05	
Total	99	5895.64		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	-2.78	(3.18)	96	.38
Role	2.34	(3.18)	96	.46

Group Means

VAPT	FCST	VAST	FCPT
4.54	4.76	5.91	8.48

TABLE 13

Self Alienation Self Rating: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	1012.90	337.63	3.59*
Within groups	96	9016.08	93.91	
Total	99	10028.99		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	-.83	(4.01)	96	.406
Role	2.91	(4.01)	96	.004

Group Means

VAST	FCST	VAPT	FCPT
7.25	8.35	12.54	14.80

alienation measures, revealed both setting and role differences for social alienation--with the role contrast predominate; non-significant results for peer measures; and significant role contrasts for self alienation. Attention is drawn to the similarity of this result with that obtained with the figure placement method--with this exception: in the social and self alienation measures the FC groups showed higher scores on the figure placement and lower scores on self rating; that is, the setting contrast reversed while the role contrast remained.

ICL Alienation Measure

Administration and scoring procedures for this measure are described in another section. Entered into the analyses below are difference scores reflecting social, peer, and self alienation.

Social alienation is assessed in Table 14. This table demonstrates overall group mean differences, and these can be seen to reach significance when staff and patient roles are contrasted, where patients obtained significantly higher social alienation scores. Inspection of the group means, however, reveals that variance within groups prevented the setting contrast from achieving significance. Support is found for hypothesized higher social alienation among patients than staff, but the FC/VA contrast, while in the predicted direction, is not significantly supported.

TABLE 14

Social Alienation Leavy ICL: Analysis of Variance: Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	297.74	99.24	2.85*
Within groups	100	3482.41	34.81	
Total	103	3780.15		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	1.56	(2.39)	100	.121
Role	2.51	(2.39)	100	.014

Group Means

FCST	VAST	FCPT	VAPT
2.44	3.79	4.93	7.33

Peer alienation ICL results appear in Table 15. The peer measure attained overall significant group differences, but the contrast of settings is not significant while the contrast of roles is highly significant. Examination of the group means suggests that differences between VAST and VAPT groups may account for much of this observed difference. Each adjacent pair of means is not significantly different, but the extreme high and low groups are both VA. In light of the results of the two previous peer alienation measures (in which no significant differences were found between groups) these results suggest consideration of the possible differential sensitivity of measures in each setting, or a possible differential sensitivity for each alienation type. Fuller consideration of this result is discussed in a subsequent section.

Self alienation measured by the ICL method is presented in Table 16. Overall analysis did not reveal significant differences between the subject groups. However, since the role contrast achieved significance, and the group means suggest that VAST and VAPT groups were significantly different, it may be conjectured that the overall analysis simply reflected much variance about the group means. The role contrast relfects extreme group means, where again the extreme groups were both VA, and the means fall in a familiar order.

The results cited in this section can be briefly summarized in a table showing those groups which obtained signi-

TABLE 15

Peer Alienation Leary ICL: Analysis of Variance, Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	420.95	14.31	5.38**
Within groups	100	2603.75	26.03	
Total	103	3024.71		

Pooled Group Contrasts

Contrast	T-value	(std. error)	df	Probability<
Setting	.68	(2.07)	100	.496
Role	3.26	(2.07)	100	.001

Group Means

VAST	FCST	FCPT	VAPT
2.08	3.08	4.76	7.18

TABLE 16

Self Alienation Leary ICL: Analysis of Variance

Group Contrasts, and Group Mean Differences

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F-ratio
Between groups	3	191.20	63.73	2.31 n.s.
Within groups	100	2759.65	27.59	
Total	103	2950.85		

Pooled Group Contrasts

Source	T-value	(std. error)	df	Probability<
Setting	.186	(2.13)	100	.853
Role	2,479	(2.13)	100	.015

Group Means

VAST	FCST	FCPT	VAPT
4.01	4.21	6.25	7.04

ficantly higher alienation scores. Table 17 shows those groups which obtained such scores for each alienation type and each measure. As this table indicates, the patient groups exhibited higher alienation scores on all significant measures. Each measure of social alienation revealed higher patient than staff scores, while the self rating measure also was higher for the VA setting, and figure placement measures of social alienation were higher for the PF setting. This reversal between measures was not expected.

Peer alienation failed to achieve a significant difference on the figure placement and self rating methods, while the scale method revealed the PT and VA groups as higher, and the ICL showed the PT groups higher. These two findings were in accord with the study expectations--as far as they went--but the nonsignificant results obtained on two measures of peer alienation raise questions about the value of this alienation type.

Self alienation exhibited a clear pattern: higher scores in the PT groups, and no significant difference between settings. Thus one hypothesis was substantiated, while the expectation of higher self alienation in the VA was not supported.

The failure to find consistent results with each alienation measure raises the issue addressed in the next section. Do these measures really measure the same constructs in each group, and do the alienation types as measured here justify

TABLE 17

High Alienation Setting and Role Contrasts

Type	Scale	Figure Placement	Self Rating	ICL
Social	Pt	Pt, FC	Pt, VA	Pt
Peer	Pt, VA	n.s.	n.s.	Pt
Self	Pt	Pt	Pt	Pt

treatment as separable and distinct constructs? The next section will evaluate the cohesiveness and separability of the proposed social, peer, and self alienation types.

CHAPTER VII

CHARACTERISTICS OF THE ALIENATION MEASURES: MULTIMETHOD-MULTITRAIT ANALYSIS

One aim of this study is to explore the validity of the alienation typology in addition to, or more precisely, in order to characterize more usefully the groups comprising the study sample on these measures. No doubt the reader is now well aware of the use of several methods of measurement for each alienation type, and the measurement of the three alienation types by essentially similar methods. As the general alienation construct has been widely used and variously defined, this procedure set about to explore several relevant aspects of construct validity. In particular, since a characteristic "X" has been measured by several methods, and a characteristic "Y" has alos been measured by those same methods, it is possible to compare characteristic (or trait) variation to the measurement variance. For many psychological traits this may be the moment of truth: often methods of measuring a particular trait contribute more to obtained ratings than the actual trait itself.

A model appropriate for this type of analysis was proposed by Campbell and Fiske (1959) and termed the multimethod-multitrait (or discriminant-convergent) analysis. In application to the present study, it is desirable to obtain high agreement among different measures of a particular ali-

enation trait. For example, social alienation scores obtained by scale, figure placement, self rating, and ICL measures should correspond highly with one another, but not very highly with the same measurement methods applied to, for example, peer alienation. Scores obtained by a particular measurement method (for example figure placement) must correspond more closely to other measures of that trait than with figure placement measures of a different trait. Correspondence between obtained alienation scores may be appropriately inferred by correlation coefficients.

The explanation which follows of the multimethod-multitrait technique draws heavily on a paper by Campbell and Fiske (1959). As a first step, a correlation matrix of each trait measured by each method is presented in Table 18. Campbell and Fiske have proposed the following criteria for evaluation of measurement methods:

> (1) Entries in the validity diagonal should be significantly different from zero and sufficiently large to encourage further examination of validity (1959, p. 82, my emphasis).

This criterion for convergent validity simply meant that the separate alienation measures must correlate at a statistically significant and useful level. The validity diagonals in Table 18 are marked with a "V".

> (2) A validity diagonal value should be higher than the values lying in its column and row in

TABLE 18

Correlation Table for Multimethod-Multitrait Analysis

		Self Rating			Questionnaire			Figure Placement			Leary ACL		
		Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self
Self Rating	Social		R	R	V			V			V		
	Peer			R		V			V			V	
	Self						V			V			V
Questionnaire	Social					R	R	V			V		
	Peer						R		V			V	
	Self									V			V
Figure Placement	Social								R	R	V		
	Peer									R		V	
	Self												V
Leary ACL	Social											R	R
	Peer												R
	Self												

> the heterotrait-heteromethod triangles (1959, p. 82).

This proposition called for validity value correlations higher than those with variables not sharing either method or trait in common. The heteromethod-heterotrait triangles are outlined by dashes in Table 18. This proposition must hold to establish the divergent validity of these alienation constructs.

> (3) A variable should correlate higher with an independent effort to measure the same trait than with measures designed to get at different traits which employ the same method (1959, p. 83).

In Table 18 this comparison is between the value of a particular variable lying in its validity diagonal to values in the heterotrait-monomethod triangles (shown as "R's" in solid lines). In effect, this proposition admonishes that the trait variability should not be obscured by the variance due primarily to method alone (often called the halo effect).

> (4) The same pattern of trait interrelationship should be shown in all of the heterotrait triangles of both the monomethod and heteromethod blocks (1959, p. 83).

Note also that complete independence of method and trait would reduce the values in the heteromethod-heterotrait triangles to zero.

Proceding to apply these criteria for multimethod-multi-

trait analysis, a correlation matrix for the entire study sample was generated and appears in Table 19. Matrices for each subject group were also calculated but are not included in the text (see Appendix D). They reveal essentially similar patterns of correlations, while the correlation matrix generated for the entire sample provides a more robust basis for evaluation of the multimethod-multitrait characteristics of the alienation measures, partially owing to the increased range of scores upon which the correlations are based, and in part because with a larger sample size, statistical significance was more easily obtained. In addition, combining groups is warranted on logical grounds. Although the sample groups were not intended to represent a random sample of all psychotherapists and outpatients, the heterogeneity of these groups provides a more widely generalizable set of conclusions about the alienation measures.

Multimethod-Multitrait Analysis of Alienation Measures

The Campbell and Fiske criteria outlined above are here applied to the data presented in Table 19. Inspecting first the validity diagonal values, more than half the correlations are significant at the 5% level. But while statistical significance is the minimum criterion for the convergent validity of these measures, it is also essential that the correlation values be usefully large. Although the criterion of usefulness is subjective, the validity values shown in Table

TABLE 19

Pearson Product-Moment Correlation Coefficients for Combined Sample Groups (N = 104)*

		Self Rating			Questionnaire			Figure Placement			Leary ACL		
		Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self
Self Rating	Social	1	-.19	+.22	+.30	+.40	+.23	+.20	+.43	+.90	+.05	+.27	+.11
	Peer		1	+.10	+.05	+.08	+.05	+.25	-.02	-.14	+.01	-.02	+.10
	Self			1	+.34	+.30	+.26	+.24	+.33	+.24	-.03	+.10	+.02
Questionnaire	Social				1	+.75	+.80	+.46	+.25	+.30	+.27	+.33	+.14
	Peer					1	+.65	+.39	+.26	+.32	+.35	+.39	+.23
	Self						1	+.59	+.21	+.23	+.25	+.28	+.15
Figure Placement	Social							1	+.24	+.19	+.21	+.17	+.24
	Peer								1	+.46	.00	+.16	+.01
	Self									1	.00	+.25	+.09
Leary ACL	Social										1	+.42	+.51
	Peer											1	+.60
	Self												1

*Correlations greater than .17 significant at $p<.05$.

19 fail to meet even minimal criteria. One guideline in applying these criteria is remembering that the variation in one measure which can be accounted for by the variation in another is proportional to their squared correlation coefficient. The highest value found in the validity diagonals, $r = .46$, accounts for only 21% of the common variability between these measures. The average validity diagonal value for social alienation is $r = .25$; for peer alienation it is $r = .14$; and for self alienation $r = .16$. It is regarded here that the first criterion for convergent validity of the alienation measures is not sustained by such results.

Although the failure to find convergent results suggests caution in further exploration, the application of criterion number two reveals that in addition the alienation measures do not exhibit the divergent characteristics desired of logically separable psychological traits. Due to the generally low values found in the validity diagonals, this failure to meet the second criterion may be attributed to lack of trait convergence, as well as to sporadic and often rather high heteromethod-heterotrait correlations. This last possibility leads directly to the application of Campbell and Fiske's fourth criterion: as noted above, complete independence of methods and complete independence of traits should result in zero order correlations in the heteromethod-heterotrait triangles. Yet, the results show many significant correlation coefficients in these triangles. In part this may be attri-

buted to common trait variance, that is, the failure of the traits to exhibit divergence. Comparison of the heteromethod-heterotrait triangle values with the row and column heteromethod and heterotrait values intersecting at each validity value suggest that the heteromethod-heterotrait triangle values are due primarily to trait convergence. If consistently different values were observed in this comparison, a trait by method interaction would be suspected: it is not.

Finally attention is drawn to Campbell and Fiske's third criterion involving the monomethod-heterotrait triangles. These clusters are simply the correlations of traits measured by the same method: as such they reveal the method convergence. Inspection of Table 19 reveals very high monomethod correlations. Comparison of the monomethod convergence to the heteromethod convergence shows again the extent to which different traits measured by a common method tend to correspond. In Table 20 this relationship is easier to discern. Along the diagonal are the average monomethod-heterotrait correlations (underlined). The other figures in this table were obtained by averaging the validity diagonal values in Table 19.

This simplified table reveals at a glance that only the self rating measure shows a low monomethod value. The scale measures of all three alienation types correlate at an average of r = .73! In general the pattern revealed here suggests that high intercorrelations within measures of differ-

TABLE 20

Comparison of Mean Validity Value Correlations with Monomethod Mean Value Correlations

	Self Rating	Scale	Figure Placement	ICL
Self Rating	.04	.21	.14	.01
Scale		.73	.31	.27
Figure Placement			.29	.15
ICL				.51

ent alienation types may be obscuring more subtle patterns of alienation types.

The outcome of the multimethod-multitrait analysis clearly demonstrates that the methods of measurement chosen to measure the alienation types have strong and important characteristics of their own. On the other hand, the results obtained in the previous section suggest that despite measurement contamination, important differences in alienation patterns still emerge between certain subject groups. In this sense the Campbell-Fiske technique is a conservative and difficult set of criteria, and failure to obtain "good results" is widely suspected as true of other useful personality measurements.

CHAPTER VIII

DISCUSSION OF THE STUDY RESULTS

The study results are discussed and evaluated in this section. In the first portion, results obtained on each measure are considered individually and the possible contribution of group and method characteristics to these results are postulated. The second portion of this section is focused on more general and important considerations related to theoretical and methodological difficulties encountered in the design and execution of the study. It is acknowledged that the ambiguity of the results places their interpretation as alienation indices in jeopardy. From the vantage of hindsight the hypotheses and procedures are critically evaluated in light of the conclusions which they are capable of sustaining.

Traditional and Free Clinics: Setting Differences

Largely as a result of first hand experience in these two therapy settings, it was hypothesized that alienation would be higher in the VA than in the FC setting. The evidence in support of this hypothesis was not impressive or consistent for any of the three proposed types of alienation.

Social alienation. Turning first to social alienation, the figure placement method revealed the FC as more alienated, while self rated alienation was significantly higher in

the VA. This reversal of results was unique in the study, and may be seen in part as reflecting differences in styles of response to the alienation measures in each setting. While scoring the figure placement it was apparent that the FC groups--and especially the patients--had attached the figures rather creatively in a variety of positions. These placements included, for example, rotations, superimpositions, and placements over the instruction area at the top of each page. The figure placement measure, in contrast to the other three methods, seemed to allow, and in the FC groups perhaps encouraged, such attempts at originality. The VA groups tended to make more literal responses, and their placements struck one as less imaginative.

In contrast, self rated social alienation was significantly higher only among the VAPTs. Since this alienation criterion statement is rather direct, it elicited a low percentage of agreement from all groups ranging from 0.47% for VAS1, to 8.95% for VAPTs out of a possible score of 100%. Agreement with this statement is partially seen as a sort of "confession" or deliberate endorsement of confusion and distress with society.

One way of conceptualizing the different structures of these measures is in their apparent subtlety. The level of structure in the figure placement is low, allowing a wide range of response, and apparently eliciting in each group a different response style. In contrast, the self rating is

direct in its description of the alienation construct and allowed a more conscious manipulation of response. The style of the FC sample appears to have involved a casual "hang loose" approach to the less structured tests resulting in higher alienation scores than in the VA. When confronted with outright "gloom and doom" statements, the FC self rated themselves lower on alienation. This result suggests that the figure placement outcome might be seen as partially due to an artifact of this test. To the extent that the FC groups approached the figure placements as a game--in which they attempted to out-do what they felt to be the "straight", or expected response--they increased their alienation scores. They may have been revealing instead their rebelliousness by attempting to appear creative and original. Apparently the VC groups did not intend to express in their placements what is clearly contained in the criterion statements of the self rating measure. Thus the self rating measure may reflect greater willingness to express openly alienated feelings.

The scale and ICL measures did not reveal any significant differences in social alienation between the settings. This is consistent with the setting results in general.

Peer alienation. Peer alienation was assessed by the scale method as significantly higher in the VA setting when staff and patient scores were combined, but this result was due entirely to the high patient scores. As expected, the VAPT group scored far higher than the other three, supporting

the impression that the VAPT sample probably contained a larger proportion of extremely isolated individuals. Many of the questionnaires for this group were addressed to transient hotels, flophouses, and the YMCA, giving an impression of marginality in the community and friendship ties of some VAPT. It should also be kept in mind that while outpatients at the time of the study, many of these veterans had been referred to the Mental Hygiene Clinic upon discharge from inpatient status, and some at least were tragic, heavily medicated, "burned-out psychotics." For some, the VA clinic was their only link to other people.

Surprisingly, this scale measure result was not obtained on the other peer measures. The use of the term "friend" or "person closest to you" in the figure placement and ICL measures may partly explain this difference. The concept of peer alienation was intended to be broader than a comparison of "self" and "best friend", yet in many cases married respondents probably entered descriptions of their spouses on the ICL. Perception of differences between self and spouse, or "friend", may have been deemed desirable, and not indicative of distressing feelings of nonidentification with others. Ironically, other respondents may have had difficulty with these items exactly <u>because</u> of peer alienation: they had no friends, relatives, or others with whom to compare themselves. Finally, one may imagine a sort of "peer relatedness" with an abstract group--for example with "veterans" or "psychiatrists".

Some respondents may have seen themselves as attuned to an abstract peer group, and thus have obtained low peer alienation scores. The basic problem is that "peer" covers a range of concrete and abstract possibilities, and the substitute of "friend" in the measures, while more specific, may not have been faithful to the peer alienation construct.

If the rather large variability within the subject groups was partially a result of these conceptual and semantic problems, the lack of a significant setting difference is partially explained.

Self alienation. Self alienation was expected to be higher in the VA setting as a result of the stifling effects attributed to the rigid organizational structure of that setting. Evidence of this result is lacking, however, on all alienation measures. While VA therapists were expected to experience less control over their work setting than FC therapists, it is possible that they may not view their situation in this way. The VA staff may have less control within their setting, but that setting is stable, securely funded, and predictably on-going. In working outside the "system" the FC staff may count on greater freedom and individual control within a setting which may cease to exist at any time. Finally, the lower level of training and age which characterize the FC staff may result in a feeling of detachment from the therapist role as a function primarily of experience. This possibility suggests the importance of self assurance and

skill in role identification. These characteristics may be independent of the self satisfaction accruing from a given role at a given time.

There is an implicit logical paradox in the measurement of self alienation: those who are high on this variable are, by the definition employed here, less aware of and less able to express their self estrangement in a conscious and deliberate manner. This consideration calls into question the efficacy of attempts at direct measurement (e.g., self rating) of this alienation type, as high scores might be obtained from individuals who would be clinically judged quite self aware. Such self awareness may extend also to a generally more discriminating and differentiated view of one's "self-in-the-world."

ICL Characteristics: Specificity and Generality

Global measures of self alienation may also tend to mask differences in specific areas. To clarify this point, the ICL was scored separately for each of the eight interpersonal octants and the results summarized in Table 21. While there were no significant overall setting differences in the results obtained from this measure, different patterns emerge on specific traits. Figure 1 shows the arrangement of the ICL variables in a circle where diagonals define opposite traits, while adjacent octant traits are similar. A vertical axis (dominance-submission) and a horizontal axis (love-hate)

TABLE 21

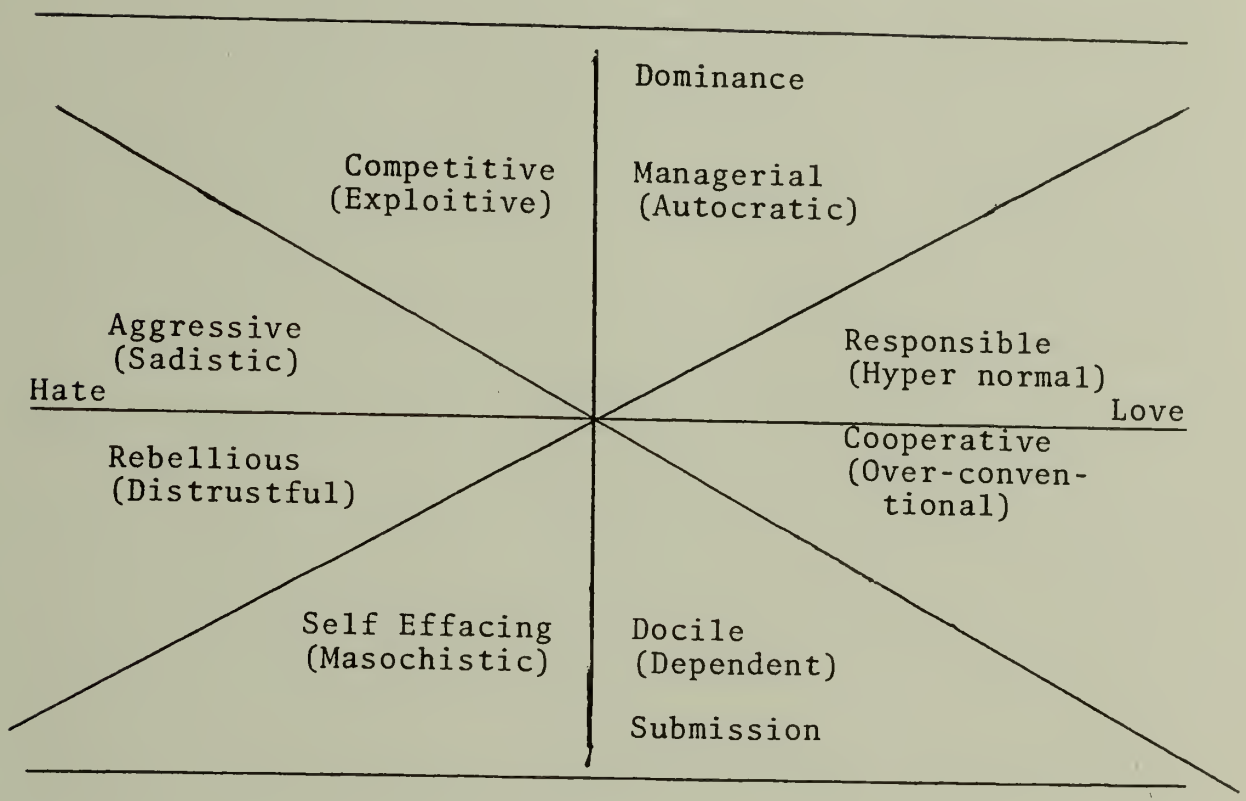
ICL: Self, Ideal Self, and Discrepancy Scores by Group and Octant

OCTANT	VAST (N=25)	FCST (N=25)	VAPT (N=35)	FCPT (N=16)	F-ratio
Managerial					
Self	14.5	13.6	12.8	12.8	0.25 n.s.
Ideal self	11.1	12.9	12.8	12.7	0.52 n.s.
Discrepancy	3.4	0.7	0.0	0.1	
Competitive					
Self	13.6	13.6	12.2	12.2	0.30 n.s.
Ideal self	9.5	10.1	10.1	11.2	0.51 n.s.
Discrepancy	4.1	3.5	2.1	1.0	
Aggressive					
Self	13.7	15.3	19.1	15.7	2.76*
Ideal self	7.8	10.0	8.2	10.6	2.16 n.s.
Discrepancy	5.9	5.3	10.9	5.1	
Rebellious					
Self	10.5	13.8	20.0	19.0	8.37***
Ideal self	3.3	3.8	4.7	3.5	0.77 n.s.
Discrepancy	7.2	10.0	15.3	15.5	
Self Effacing					
Self	7.9	9.8	18.6	20.1	18.61***
Ideal self	2.0	2.7	5.5	2.7	6.55***
Discrepancy	5.9	7.1	13.1	17.4	
Docile					
Self	9.6	12.6	13.2	17.4	7.40***
Ideal self	5.5	5.3	7.5	6.4	1.08 n.s.
Discrepancy	4.1	7.3	5.7	11.0	
Cooperative					
Self	10.5	11.7	15.4	15.5	4.00**
Ideal self	8.1	10.1	13.3	13.6	4.55**
Discrepancy	2.4	1.6	2.1	1.9	
Responsible					
Self	12.7	13.8	17.6	16.1	1.52 n.s.
Ideal self	9.2	9.6	13.1	12.9	3.06*
Discrepancy	3.5	4.2	4.5	3.2	

Note: Complete analysis of variance tables are contained in Appendix E.

FIGURE 1

ICL Circular Schema Octants



also characterize scores (LaForge and Suczek, 1955).

Notice that the ICL self description differences between the groups are clustered principally at one end of the vertical axis: both patient groups described themselves as more submissive than did staff. Setting differences are seen on the Self Effacement variable which revealed the VA groups as lower on both the self/ideal discrepancy and on self rating. The same pattern also appeared on the Docility variable, where both VA groups rated themselves lower than their FC counterparts. Again there was less discrepancy between the self and ideal self ratings. In comparison to the differences obtained between the staff and patient groups these differences may appear small. They are, however, in harmony with a view of the counterculture FC groups as valuing sensitivity to others, an expressive rather than instrumental interpersonal style, openness, and introspection. In excessive degrees these same characteristics assume another quality as dependence, indecisiveness, passivity, and depression. Note that very high scores are associated more with the patient role than with either setting.

Examination of these ICL octant scores does not give a complete description of group differences. Rather, it illustrates the practical difficulties encountered in constructing measures of alienation sufficiently sensitive to illuminate differences which may exist only in particular areas of interpersonal behavior.

Psychotherapists and Patients: Role Differences

Common sense suggests that patients should exhibit higher alienation than therapists. It was expected that this would be true in both therapy settings. The study results substantially support this expectation.

Social alienation. Patient scores were significantly higher than staff scores on all measures of social alienation. This result was most pronounced on the scale measure, which reflected a clear staff-patient differentiation with no significant difference between the settings. FC patients scored significantly higher than the VA patients on the figure placement measure, a result that is considered at least partially due to a tendency for the FC groups to place these test figures in more widely scattered and original positions. While not significantly different, the FC staff mean was considerably higher than that of the VAST. Again, response styles and test characteristics appear to contribute to their results. The high figure placement scores obtained by the VAPTs, while not significantly higher than FCST, seem to indicate that test characteristics, and their interaction with the response styles of the groups, were not the sole explanation of higher social alienation scores for patients on this measure. The instruction for the figure placement measure of social alienation specified that the test figures symbolized "typical" or "average" persons in this society. The FCPT group may have interpreted these words as meaning older,

"straighter,' middle class Americans. If this was the case, the FCPT group quite correctly recognized that they actually conformed least to the description. These social alienation scores may thus reflect an essentially accurate perception of this group's position vis-a-vis the "typical" American without necessarily implying a rejection of mainstream cultural values. A separation of the more active process of social detachment from an accurate perception of differences is difficult to make from these results.

Self rated social alienation was significantly higher among VAPTs than all other groups. As previous discussion of this measure indicated, there was a strong tendency for VAPTs to express agreement with these brief alienation descriptions, and high overall scores were obtained by both patient groups. One senses a distinct reluctance by staff to endorse these criterion statements. The self rating statements were constructed to be comprehensive and general, and more sophisticated respondents may be reluctant to "buy" the entire unqualified alienation package. VA patients, perhaps due in part to a lack of differentiation among the components, were more willing to endorse these statements.

The ICL measure results show statistically significant social alienation differences only on the patient-staff contrast. Prior discussion of the ICL scoring is relevant here. Overall differences on the ICL were difficult to demonstrate, due partially to the complexity of this measure. As already

seen in Table 21, a clear tendency exists for the patient groups to see themselves as more submissive and particularly as more passive, than they deemed ideal. Table 22 contains the ICL octant scores upon which the overall social alienation scores were based. As with the self/ideal-self differences, inspection of the separate octants reveals a more detailed picture of the subject group characteristics. The staff groups, contrasting themselves with a "typical person", saw themselves as more Managerial and Competitive than did the patient groups. Staff groups also saw themselves as less Self Effacing and Docile than did patients in these contrasts. The absolute mean contrast difference for each group (shown in the bottom line of Table 22) reveals a particular view of the groups are relatively similar. When the direction of self/typical person differences are ignored in calculations, the mean difference between groups is deceptively uniform. This suggests the global ICL discrepancy measure is relatively insensitive to different patterns of group characteristics.

The important points to be understood from the inspection of ICL octant scores are: (1) that different patterns of self/typical person discrepancies (social alienation) characterized staff and patients; and (2) calculation of the global ICL self/typical person discrepancy scores tends to deflate the staff social alienation scores (since negative differences cancelled positive ones). Using the absolute mean difference scores for each groups tends to suggest in-

TABLE 22

ICL: Self, Typical Person, and Discrepancy Scores for Subject Groups by Octant

OCTANT	VAST (N=25)	FCST (N=25)	VAPT (N=35)	FCPT (N=16)	F-ratio
Managerial					
Self	14.5	13.6	12.8	12.8	.25 n.s.
Typical	6.4	6.8	8.7	9.6	1.00 n.s.
Discrepancy	8.1	6.8	4.1	3.2	
Competitive					
Self	13.6	13.6	12.2	12.2	.30 n.s.
Typical	8.6	9.9	11.4	12.2	1.49 n.s.
Discrepancy	5.0	3.7	0.8	0.0	
Aggressive					
Self	13.7	15.3	19.1	15.7	2.76*
Typical	7.2	8.7	10.0	12.2	2.17 n.s.
Discrepancy	6.5	6.6	9.1	3.5	
Rebellious					
Self	10.5	13.8	20.0	19.0	8.37***
Typical	8.1	11.9	11.3	13.8	2.26 n.s.
Discrepancy	2.4	1.9	8.7	5.2	
Self Effacing					
Self	7.9	9.8	18.6	20.1	18.61***
Typical	9.1	12.4	11.2	13.0	1.28 n.s.
Discrepancy	-1.2	-2.6	7.4	7.1	
Docile					
Self	9.6	12.6	13.2	17.4	7.40***
Typical	13.5	17.7	13.8	14.8	1.20 n.s.
Discrepancy	-3.9	-5.1	-0.6	2.6	
Cooperative					
Self	10.5	11.7	15.4	15.5	4.00**
Typical	7.8	12.3	9.1	9.6	1.66 n.s.
Discrepancy	2.7	-0.6	6.3	5.9	
Responsible					
Self	12.7	13.8	17.6	16.1	1.52 n.s.
Typical	5.0	3.6	5.5	4.2	.39 n.s.
Discrepancy	7.7	10.2	12.2	11.9	
Absolute Mean Difference	4,7	4,6	6.1	4.9	

Complete analysis of variance tables in Appendix E.

correctly that only the VA patients exhibit higher social alienation scores.

Examination of the particular octant differences reveals some suggestive characteristics of the subject groups. The staff groups, for example, see the "typical person" as more passive and self effacing. Subjective impressions of these groups suggests the possibility that staff would perceive most people as <u>too</u> passive--a view not unrelated to the goals often involved in their work as psychotherapists. Similarly, staff perceptions of themselves as more managerial and competitive than average might influence their clinical impressions. Such views of other people readily translate into theoretical stances in which patients are exhorted to be more independent, organized, and productive--and less passive and dependent. The complementary nature of these patient and staff differences suggest that such exhortations may fall on receptive ears.

<u>Peer alienation</u>. The scale measure supports the expectation that both patient groups were significantly more peer alienated than either staff groups. The VAPT groups appear most peer alienated, followed by the FCPT groups. The failure of the figure placement and self rating measures to elicit these expected staff and patient differences is considered next.

Figure placement measure results approach statistical significance, and the patient means are higher than staff

means, indicating a trend in the predicted direction. The conceptual and semantic problems encountered in operationalizing the peer construct as a "friend" placement (actually three placements) have already been suggested. As the distance of these friend placements can be seen to have been less than one-half those for the "typical" person, it appears that subjects were responding logically to the directions--that is, intuitively one expects that peers ("friends") would be placed and seen as closer to one's self than strangers. On the other hand, if some subjects were responding to the "friend" instruction with descriptions of spouses or family members, these were unevenly available in the groups (e.g., fewer FC respondents were married). In addition the degree of self-to-friends closeness desired or optimally valued may vary for resons unrelated to this peer alienation construct (e.g., cultural and situational factors).

Considered in light of this failure to support the peer alienation hypothesis, the results of the self rating measure question the usefulness of the peer alienation construct. The figure placement and self rating methods may be seen as the least and most structured of the measures, respectively. For this reason the absence of significant results on either measure can not be easily explained as merely reflecting response style differences to test structure, or factors unique either to staff or patients. It appears that the specification of <u>what</u> peer must be explicit, as in the

scale measure, or in the ICL specification of "best friend." It also appears necessary to distinguish friendship interactions from more formal peer groups (fellow workers, abstract associates, reference groups, and so on).

Self alienation. Each measure of self alienation except the ICL showed overall differences between the subject groups. On the ICL only the therapist/patient role contrast was statistically significant. The ICL, however, can reveal self alienation characteristics of the groups. The following discussion refers primarily to the data presented previously in Table 21. It was briefly noted that patients tended to obtain high scores in the submissive (bottom) octants of the ICL schema. High scores on these variables may be interpreted as "extreme" degrees of the characteristic. Some amount of each variable would be expected. In addition, La Forge and Suczek (1955) argued against the use of standardized scores with the ICL. They suggest instead that:

> the "unit" assumed to be invarient (became) not the standard deviation computed for a certain sample under certain scaling assumptions but an event (word choice) from a defined set of events; the S's selection or rejection of any word on the list (p. 98).

This seems to be a direct invitation to compare the raw scores of the subject groups. A mximum raw score of 40 is obtained in each octant. With these guidelines in mind the tabled ICL values reveal much about the subject groups.

The VAST saw themselves as most Managerial, yet desired

the least of this variable, perhaps indicating weariness with their assumed responsibilities. On the Responsibility variable, the VAST actually rated themselves somewhat lower than their FC counterparts, while the patients obtained rather high scores interpreted here as due to excessive anxiety. Both staff groups were higher on Competitiveness and wished to be lower. The VAST rated themselves lowest on Aggressiveness, while the VAPTs rated highest, with both FC groups falling in between. There was agreement among all groups in the ideal-self realm that they "ought" to be less aggressive. The VAPT group exhibited the greatest discrepancy, indicating that they perceived themselves as most hostile.

Rebelliousness: hallmark of the counterculture? Hardly, since both patient groups far outdistanced both therapist groups. Note also that as self rated rebelliousness increased, the desire to reach a far lower ideal level increased also. Such feelings may be perceived as unpleasant. So too the Self Effacement scores--with their implication of shameful feelings--may also be experienced as unpleasant. On Docility, as on Self Effacement, the patients scored considerably higher than staff. On Cooperativeness and Responsibility the patient groups stood out with the highest scores, although again too much, or too high a score on this "good" trait may be seen as tantamount to an unending desire to please others.

Study Hypotheses: A Critical Evaluation

In the remainder of this section theoretical and methodological aspects of the study are examined and critically evaluated. At this point the results have been presented and characteristics of the sample groups have been further specified from the data collected. It is apparent that much ambiguity remains concerning these groups: their behavior on the variable measures used in the study, and the implications these results have regarding the alienation characteristics of this sample. The hypotheses are re-evaluated below. Their development is reconstructed in an effort to address these issues: (1) Why were the hypotheses cast as they were? and (2) From hindsight, could the hypotheses be recast, modified, or even reversed on other bases? It has been pointed out already that the hypotheses employed in this study were based on impressions and were essentially ad hoc. The experiential base was that of the investigator at one point in time (prior to data collection or extensive experience in the VA setting). It was expected that the VA groups would exhibit more alienation primarily because of the institutional atmosphere of this setting as compared to the FC. This atmosphere was a thing sensed, rather than measured, prior to the collection of data. Similarly, patients were expected to exhibit higher alienation primarily because they seemed more alienated.

Alienation theory embodies diverse and conflicting con-

cepts (cf. Gould, 1961). Often a single theorist employs alienation in apparently contradictory senses. For example, in discussing Fromm, Kaufmann (in Schacht, 1971) points out that "he variously refers to alienation as a 'relation,' a mode of experience,' an 'act,' a 'sickness,' an 'attitude,' and a 'process'" (p. 124). Not surprisingly, the present hypotheses are susceptible to both post hoc vindication and contradiction. Similarly, counterculture institutions have been viewed both as indications of alienation, and as constructive alternatives to alienation. Thus, the director of one free clinic stated: "The feeling of being alienated is at the base of the 'free clinic' as an institution" (Bearman, 1974, p. 9) and asserts that those who staff and utilize free clinics are alienated from other medical institutions. This explanation of the emergence of the free clinic institution implies that alienation is lessened in such settings, which stress humane health care delivery, freedom from red tape, and responsiveness to people as people. It is not clear, however, how general these alienated feelings are. If the free clinic serves to lessen only a small part of more generalized feelings of alienation, then one might expect that those attracted to free clinics are, overall, more alienated. Here again is the ambiguity surrounding the specificity of alienation, and the relation of alienation to the establishment and operation of free clinics.

Under the umbrella of alienation theory predictions ex-

actly counter to the present hypotheses are possible. Alienation has long been associated with crime and deviance. It would thus also be possible to expect higher alienation in the more unorthodox free clinic setting. It might be argued that alienation from medical therapeutic institutions is but one aspect of a far more general pattern of estrangement from modern institutions. In this case, affiliation with a free clinic might be expected to signal the presence of widespread disenchantment with and dissociation from other social, legal, cultural and personal traditions. In any case, alienation theorizing from many sources suggests the complexity of this concept, and a difficulty in forming exact hypotheses.

A careful elaboration and application of alienation theory in the generation of hypotheses would not necessarily yield greater confidence in the direction of relationships between alienation and other variables. Rather, hypothesis testing would yield more widely useful results.

In retrospect another difficulty with the present hypotheses is evident, one resulting from the dissimilar nature of experience in each setting at the time the hypotheses were advanced. These expectations were based on subjective criteria, and knowledge of the VA setting was considerably less than that of the Free Clinic. Although not apparent at that time, the expectations for the VA were based on more superficial observations. After gaining experience in both, it was apparent that in many respects both settings were more

similar than originally expected. In particular, the staff of the VA was originally viewed as engaged in perpetual conflict with the institutional setting. After the experience gained during a year in this setting, it was evident that institutional flexibility had been underestimated. The VA staff, in retrospect, were not so "straight" a group as originally expected, although they were more willing to present an appearance consistent with expectations of the general community in such controversial matters as dress, drug use, and life style.

The term "free" must not be taken literally in conceptualizing setting differences. VA clinics are free in the monitary sense to eligible veterans. The free clinic is "free" not only in this respect, but in a more general sense, in its approach to delivery of services. (An important staff difference lies in the FC staff working for free.) Other similarities include the problems presented by patients in both settings. In many cases presenting problems were in the realm of situational difficulties--more or less normal and typical involving social and economic issues. These "real" problems are remarkably similar when younger VA patients are compared to the younger FC patient group--common problems related to employment, rent, living arrangements, close relationships, and increasing maturity. Such problems, and related apprehension and depression, seem more characteristic of the age of these clients than to other sample character-

istics.

In retrospect, the hypotheses are seen as theoretically unclear, and the impressions on which they were based are seen to change as a function of experience and perspective in the settings. The present hypotheses might have been cast on other bases. Theoretical scrutiny suggests other expected relationships. Or subject groups might have been defined on the basis of information obtained directly from standardized questionnaires within a framework generated from theory. Selection of groups by empirical criteria rather than the description of ad hoc groups might result in more powerful tests of specific hypotheses. The framing of specific hypotheses, however, would remain problematic in view of the theoretical haziness of the alienation construct. The evolution of thought throughout this study, and especially reexamination of the assumptions and impressions in which it was initially grounded, are seen as raising problems to which the present methodology was not well suited. When flexibility was needed for an essentially exploratory approach, the study hypotheses were overly restricted and methodology inefficient and cumbersome. The theoretical ambiguity of the hypotheses has been discussed. In the following portion of this section the methodology is evaluated in more detail.

The Study Methodology: A Critical Evaluation

Multimethod-multitrait methodology is useful in the de-

lineation of independence among psychological traits or characteristics, and the evaluation of the coherence of separate trait measures. It is a methodology most appropriate with large samples. The value of independence of any given psychological traits is largely a theoretical or logical determination. In the present study, the alienation construct is not clear in its application to the groups studied, with the result that theoretical resolution of the alienation issues is not possible. Essentially, the methodology is simply not capable of addressing important questions raised concerning the nature of alienation and its occurrence in the settings and roles which were studied.

The procedure of the multimethod-multitrait analysis has been described sufficiently in a previous section and will not be repeated here. The meaning of results obtained by this procedure allow several interpretations. At face value, the results may be understood as revealing the extent to which measurement error overshadows trait variance in the study measures. This large measurement error suggests a weakness of the specific measures employed, while the lack of consistent trait variance might be attributed also to a real absence of the traits in the present sample. Both of these possible explanations exist but cannot be evaluated satisfactorily in the present study--primarily due to the small sample size. Data were collected on a final sample only slightly larger than one-half the size originally sought.

Again, problems in the execution of the study were encountered which had not been anticipated at the outset. Among these were the closing of the Free Clinic during the course of data collection, and the unforeseen low return rate of the questionnaires.

The low rate of return encountered is bothersome for another reason. Participation was voluntary, and the conditions imposed for collection of data in the VA precluded follow-up letters or any prompting of prospective subjects. The implications of the 13% return rate for VA patients have already been partially explored. In addition to the loss of potential subjects, such meager returns throw the representativeness of the sample into doubt.

The definition of alienation employed in this study allows a wide latitude in the choice of measurement instruments. The selection of diverse measurement methods was partially dictated by the hope that consistent results might be seen across more than one method. A weakness of this strategy is the experimental and exploratory nature of the measures. It was demonstrated previously that the ICL, for example, yielded little information as a global measure, but when employed in an exploratory manner, suggestive group differences were found. It also appears that the PHF questions pointed to unanticipated characteristics in several instances. In all, the alienation measures employed were not sufficiently well understood to proceed with the rather elaborate restrictive

analysis originally planned.

The methodology is generally characterized as overstretched in its present application, which lacks a large sample and a multitude of different measures. The alternative of providing a rich descriptive approach to an understanding of the sample groups is also thwarted by the unstable quality of the measurement results. In retrospect, the design employed was not capable of meeting the rigorous demands of its elaborate methodology, and yet proved too inflexible and weak to enable a satisfactory shift to an exploratory search for workable hypotheses.

Beyond the specific difficulties in the application of this methodology to the present study is the general problem raised previously regarding the weak theoretical development of the alienation patterns expected in each sample group.

CHAPTER IX

Implications for Future Research

Willems and Raush describe naturalistic research as the "investigation of phenomena within and in relation to their naturally occurring contexts" and hold that this method "is the only appropriate or suitable way to answer some investigative purposes" (1971, p. 3). The difficulties encountered in the interpretation of the present research suggest reconsidering the methodology employed, and point to the advantages of a naturalistic approach to the investigation of alienation in such settings as those studied here. In comparing and contrasting a naturalistic methodology to that employed here, it is demonstrated in this section that the naturalistic approach offers several decisive advantages. Other specific implications of the present study are proposed for future research.

Flexibility and Control

In the previous section the methodology employed in this study was seen to result in serious difficulties in the interpretation of results. In an attempt to define and test two hypotheses regarding alienation, and to explore the nature of the alienation typology, it was found that the methodology was not well suited to the clinic settings. One effect of this mismatch was that data were collected on too

few individuals to sustain a complex statistical methodology. Another problem noted was the investigator's changing perception of the settings, giving rise to additional questions, and suggesting the value of flexibility in procedures. While control and the ability to manipulate the experimental conditions seem desirable goals, they are not achieved simply by imposing a rigid design on an unwilling setting. The fact that complete questionnaires were obtained from only 13% of the projected VA patient sample illustrates this point.

The low VA patient returns have two causes, each significant and distinct and each conveying information about this setting: the first was the stipulation that the primary therapist had to give consent for each patient to be contacted. This stipulation--which was not made in the FC--gives an indication in plain language of the assumption of responsibility for the patient by this institution. While individual therapists in the VA have been seen to view a "typical person" as too dependent, the institution appears to regard protection of its patients from mailed requests for information as its legal responsibility. This apparent inconsistency is more than a simple restriction on sampling from this group, it is an interesting and suggestive characteristic of this setting. In order to arrive at a more complete and accurate description of these settings the research methodology must be flexible enough to utilize such data as it develops during the course of the investigation. By al-

lowing a flexible approach to phrasing and reshaping research questions and hypotheses, a naturalistic methodology enhances the prospects for framing useful questions for empirical test. In short, employing a highly formalized and sophisticated statistical methodology limits the options open to the investigator in settings which simply possess too much mass and inertia to be experimentally "manipulated."

A more productive research goal in the present settings, it is suggested, would stress observation and the formulation of questions for empirical test. This would involve close theoretical articulation of the construct of alienation with the setting characteristics. Rather than attempt a statistically complex--and therefore vulnerable--methodology, a more modest focus on fewer issues of greater relevance would be ultimately more productive. Such an approach would allow and encourage the emergence of the unexpected and attempt to set the direction for questions, rather than attempt to provide closure.

Logical and Practical Issues in the Measurement of Alienation

Research in alienation must take cognizance of a logical problem at the center of all effects to measure alienation among "volunteer" subjects. Theoretically and logically, highly alienated individuals may be expected to be less cooperative, more difficult to locate as subjects, and possibly

less articulate on conventional verbally oriented tests and measures. Low return rates in studies such as the present one naturally raise such speculation about those who do not participate. Other sampling techniques should, where possible, attempt to minimize this dilemma. Pleas for cooperation "for science" are likely to prove ineffective.

Another logical issue, the relation of awareness to alienation has been mentioned above. Two approaches to this problem are possible. A theoretical resolution in which alienation must be experienced consciously (or measures by a variable which is conscious) establishes the possibility of relatively simple measures. Various questionnaire and self report procedures implicitly make this assumption of awareness. An alternative approach lies in the use of covert measures which when patterned after such devices as psychological projective tests can, at least in theory, still be used to measure alienation in the absence of a conscious awareness or deliberate expression of such an attitude. Finally, the most desirable measure of alienation would be essentially behavioral. Although requiring a highly structured working definition, and set with the theoretical difficulties attendant to such specification, this approach to the study of alienation possesses an elegance not possible with the attitudinal or state-of-mind view. An example of this approach is illustrated in a study by Gould (1969).

Practical problems encountered in alienation studies

have been touched upon previously, especially in regard to sampling and the issue of voluntary participation. Another problem resides in the specification of items employed on many alienation scales. As social reality changes through time, so too do the meanings of phrases and even single words. This makes replication of specific results problematic, and cautions against an uncritical use of existing alienation scales. To illustrate from the present study, note that an item on the Srole alienation scale states: "In spite of what some people say, things are getting worse for the average man." In light of a current economic slump it is difficult to debate this statement as a matter only of opinion. Another item states: "I often feel that many of the things our parents stood for are just going to run before our eyes." Perhaps some persons agreed with the factual content of the statement, but disagreed with the latent implication that this situation is undesirable. Possibly this was the position of one subject who wrote "hooray!" beside this item and expressed his full agreement with it. Matters of fact and opinion are intermingled here and such items may likely be interpreted rather differently in different times.

Alienation of the Intellectual

A final point is aimed rather personally as a caution to those who study alienation from the confines of the academy. Feuer (1971) has suggested that alienation theorizing has its

greatest appeal currently among intellectuals who, in attempting to understand their own frustrations, have unknowingly projected their romantic dissatisfactions onto others. This author feels that the glorification of the alienation concept and its history occurs not among the working class, but in the professional academic world with its special problems, rewards, and definitions. Studying and measuring alienation "outside" may reveal the seduction of our social sciences by a complex fantasy of their own creation.

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APPENDIX A

The form of the alienation measures--their structure--the personal history form, cover letters and legal release forms are considered here. Also included is a sample reproduction of the complete questionnaire.

Scales

The alienation scale items were arranged in a random order with the stipulation that items on the same subscle would not be permitted to appear consecutively. Subjects were asked to circle a response from "Strongly Disagree", "Disagree", "Slightly Disagree", and so forth, to "Strongly Agree". There was no neutral point, producing a 27 item, 6 point, Likkert-type scale.

Figure Placement

Each of the three figure placement subtests was administered on a separate sheet of paper with the stimulus, or "self" figure affixed in the center of the page. The figures to be attached by subjects were stapled at the top of each page. Social, peer, and self subtests were arranged in randomized order (to minimize an order effect) and immediately preceded by a page of general figure placement instructions. Note that in the social and peer subtests three placements are requested, while the self subtest requires only one.

Self Rating

The three criterion statements of this method were written on a single page and subjects were asked to respond at the bottom of the page after reading all statements. It is hoped that this format resulted in maximum discrimination by subjects between statements before responding. Responses were indicated by placing a check along each of three lines (one for each statement) labelled in percent of agreement from 0% to 100%. No "normal" or middle point of response was suggested.

The self rating scores were obtained by calculation of the mean "percent agreement" obtained for each criterion statement by measuring the placement of the check along the appropriate response line and converting this proportion to a percentage for each subject. When subjects indicated their agreement by writing a percentage (e.g., "50%"), that figure was used in the calculations.

ICL

Since the ICL checklist is already rather long (128 items), and responses are asked under four conditions, the self, ideal self, friend and typical person conditions were arranged in columns. Thus subjects had only to read once through the list. Items were arranged in alphabetical order, effecting a random sequence. Leary (1957) has determined weights ranging from one to four for each item, and these

were computed in the tabulation of sub scales. For example, "Cold and unfeeling" is weighted four, while "Able to take care of self" gets a one on the same sub scale.

Personal History Form (PHF)

Each package of alienation scales contained a PHF. The items on this form cover such areas of demographic data (age, marital status, etc.); ancestry; living arrangements; work, health and educational histories; interests, and drug usage. The PHF is the basis of much information regarding the subjects.

Cover Letter and Release

The cover letter and release of responsibility forms are a required part of research utilizing human subjects. Current HEW guidelines in this area were obtained and this research project received the necessary approval of the appropriate subject-use committees. If the form appears legalistic, it is. Part of this research was conducted in a public hospital setting, and those charged with evaluating the potential harm to subjects stipulated these forms as a condition for permission to collect data. Other restrictions on sampling subjects have been considered.

Once each alienation measure was compiled they were arranged in random order. The cover letter, release form, and PHF were attached to the top.

May 1973

Dear Client,

Enclosed is a booklet of scales and questionnaires being distributed to a sample of clients and staff at several outpatient mental health clinics. Together they form the core of a research project in which it is hope to learn more about the characteristics and social attitudes of clients and staff in mental health clinics. Although there are several questionnaires, most are quite brief and should not take long to complete. Unfortunately I cannot offer money in return for your participation, but I hope that the information gained by this project will benefit all of us in the long run.

Enclosed is a consent form which you should read, sign, and return with the questionnaires in the envelope provided. Your name will be kept confidential, as will all responses to the questionnaires.

The success of a study of this type depends on your response. I urge you to complete these forms and return them as soon as you can. Your cooperation is very much appreciated.

Thank you,

Richard E. Merwin, Jr.
Psychology Service
Veterans Administration Hospital
San Francisco, California

CONSENT TO ACT AS SUBJECT FOR RESEARCH AND INVESTIGATION

Subject Name:_____Code (leave blank)___

1) I hereby authorize Richard E. Merwin, Jr., to perform the following investigation: To administer to me written scales, questionnaires, rating forms, and a social information questionnaire. I understand that my name will not be used or published in the course of the study. I understand that my participation is voluntary, and that to protect my anonymity the completed scales and materials are to be returned to the investigator by mail, whereafter they will be known to the investigator, and identified only by a code number. My participation ends with the completion of the written materials.

2) The investigation listen above has been explained to me in a cover letter by Richard E. Merwin, Jr.

3) I understand that the procedure of this investigation will require about one hour of my time.

4) I understand that the investigator will answer any inquiries I may have, to the extent that this is possible, at any time concerning the procedure and investigation.

5) I understand that I may terminate my participation in the study, and that I am not being offered financial compensation for participation. Furthermore, I understand that any treatment(s) which I am receiving from the Veterans Administration Hospital or any other clinic or hospital will not be effected by my participation or nonparticipation in this study, nor is participation intended primarily as a therapeutic treatment.

SIGNED_____DATE_____

PERSONAL HISTORY FORM

Please complete all the items below. Remember that this information is confidential and will be used for statistical tabulations only. Be as accurate as possible. Space is provided at the end for any additional comments or information. Thank you.

Date of Birth _____ Place of Birth (city, state)_____ _____ Sex _____ Race _____ Where have you lived most of your life?_____ _____ Is your mother still living? Yes__ No ___ (If Yes) How old is she now? _____ Where was your mother born? _____ What is her family background, that is, were her ancestors Irish, Italian, Mexican, or what?_____ Is your father still living? Yes ___ No ___ (If Yes) How old is he now? _____ Where was your father born? _____ What is his family background, that is, were his ancestors Irish, Italian, Mexican, or what? _____ How many brothers and sisters, living or dead, do you have? _____ How old are they? (give age or 'deceased') Ages of brothers _____ _____ Ages of sisters _____ What is your religion? _____ What was your parents' religion while you were growing up? _____ Do you consider yourself an active member of any religious faith? Yes ___ No ___ How many times have you been legally married? _____ How old were you when you were first legally married? _____ What is your present marital status? (check

below)

For how many years? ____

How many children do you have? ____

___Never married ___Divorced
___First marriage ___Widowed
___Remarriage ___Shacked-up
___Separated ___ Other (specify)
_____

Who do you live with now? (please check below)

	Live with Now	Lived with in past year
Legal spouse	___	___
Children	___	___
Parent(s)	___	___
In-law(s)	___	___
Other Relatives	___	___
Friend(s) of the same sex	___	___
Friend(s) of the opposite sex	___	___
No one	___	___
No stable arrangements	___	___

Other (please specify)_____

How long have you lived at your present address? ___Years ___ Months What type(s) of housing have you lived in during the last year? (check all that apply)

___ Unstable arrangement
___ Dormitory or overnight bed
___ Rooming or boarding house
___ Hotel
___ Apartment or flat
___ Single family dwelling
___ Jail or prison
___ Hospital or other institution
___Other (specify)_____
_____

How would you describe the relationship between your parents up to the time you were 16 years old?

___ Living together ___ Mother deceased

___ Separated ___ Father deceased

___ Divorced ___ Both parents deceased

Who principally raised you until you were 16 years old?_____

_____ Have you ever been a patient (inpatient) in a mental hospital or psychiatric ward for a-y reason? Yes ___ No ___ For how long? ___Months ___ Years ___ Days

Were you evern hospitalized for a physical ailment for longer than a month? Yes ___ No ___ For how long? ___ Months ___ Years ___ Days What was the highest grade (or year) of school your father completed? _____ What was the highest grade (or year) of school your mother completed? _____ What was the highest grade (or year) of school you completed? _____ Have you served in the U.S. armed forces? Yes ___ No ___ If Yes: Between what dates did you serve on active duty? _____ _____. to _____ _____. What was your highest rank? _____.
month year month year

What type of discharge did you receive? _____

Please list the places in which you served and your duties. For example, "infantry, Vietnam"

Place	Duty
_____	_____
_____	_____
_____	_____

Were you ever rejected for military service? Yes ___ No ___

For what reason?_____

At present are you a member of any political party? Yes ___

No ___ (Please specify) _____

Do you regularly read a daily newspaper? Yes ___ No ___ Sometimes ___ Please list those magazines which you regularly read (if any):_____

_____

What is your Father's usual occupation? (Be specific)_____

_____ What is your mother's usual occupation? (Be specific)_____

_____ Was your Father regularly employed during your childhood? Yes ___ No ___ What type(s) of work have you done during the past year? (Be specific please) _____

_____ About how much money did you earn last year? _____ What was the longest period of time that you have ever held one job? _____

What special vocational training, qualifications, licenses, or the like do you have? (Include academic degrees) _____

_____

How many times have you been arrested and booked? (not including traffic violations) _____ How old were you the first time? _____ How many times have you been convicted? _____ On what charges? _____

What is the total amount of time you have spent in juvenile

homes, jails, prisons, or the like? _____

Have you ever attempted suicide? Yes ___ No ___ If yes, please explain: _____

_____ Which of these drugs do you presently use or have you used in the past?

	Presently	Past	How often?
Alcohol	___	___	_____
Tobacco	___	___	_____
Tranquilizers	___	___	_____
Speed or "pep" pills	___	___	_____
Sleeping piils	___	___	_____
LSD	___	___	_____
Pot or grass	___	___	_____

Other drugs (please specify): _____

_____

Additional comments: _____

_____

_____

ASQ

Below are a number of statements about which people have different feelings. Read each statement carefully and indicate the extent of your agreement or disagreement by circling the number that shows how you feel.

1 - Strongly Agree
2 - Agree
3 - Slightly Agree
4 - Slightly Disagree
5 - Disagree
6 - Strongly Disagree

1.	Sometimes I'm bothered because I don't know how I got to be the kind of person I am.	1 2 3 4 5 6
2.	With everything in such a state of disorder, it's hard for a person to know where he stands from one day to the next.	1 2 3 4 5 6
3.	I have nothing in common with most people my age.	1 2 3 4 5 6
4.	I feel I am too much what others want me to be.	1 2 3 4 5 6
5.	I often feel awkward and out of place.	1 2 3 4 5 6
6.	My dreams seldom make much sense to me.	1 2 3 4 5 6
7.	There is little use in writing to public officials because often they aren't really interested in the problems of the average man.	1 2 3 4 5 6
8.	My way of doing things is not understood by others my age.	1 2 3 4 5 6
9.	Very often I feel like a stranger to myself.	1 2 3 4 5 6
10.	People were better off in the old days when everyone knew just how to act.	1 2 3 4 5 6
11.	I remember most of what happened in my early childhood.	1 2 3 4 5 6
12.	Nowadays a person has to live pretty much for today and let tomorrow take care of itself.	1 2 3 4 5 6

13.	It is safer to trust no one--not even so-called friends.	1 2 3 4 5 6
14.	In spite of what some people say, things are getting worse for the average man.	1 2 3 4 5 6
15.	I feel I know myself pretty well.	1 2 3 4 5 6
16.	Everything changes so quickly these days that I often have trouble deciding which are the right rules to follow.	1 2 3 4 5 6
17.	I often do things without knowing why.	1 2 3 4 5 6
18.	It's hardly fair to bring children into the world with the way things look for the future.	1 2 3 4 5 6
19.	I seldom have a feeling of emptiness.	1 2 3 4 5 6
20.	Most of my friends waste time talking about things that don't mean anything.	1 2 3 4 5 6
21.	I often feel that many things our parents stood for are just going to ruin before our very eyes.	1 2 3 4 5 6
22.	Often it's hard for me to make up my mind because I don't know how I really feel about something.	1 2 3 4 5 6
23.	These days a person doesn't really know who he can count on.	1 2 3 4 5 6
24.	Often when I have an experience I feel that it really isn't happening to <u>me</u>.	1 2 3 4 5 6
25.	In the group that I spend most of my time most of the people don't understand me.	1 2 3 4 5 6
26.	It seems to me that other people find it easier to decide what is right than I do.	1 2 3 4 5 6
27.	My daydreams seem irrelevant to me.	1 2 3 4 5 6

INSTRUCTIONS FOR FIGURE PLACEMENT TEST

The Following three pages have a figure placed in the center which you are to imagine to be yourself. Also stapled to each sheet are additional figures which you are to attach following the instructions at the top of each page. In different orders, the additional figures are to represent your ideal self, friends, and the typical or average person in this society. Please read the instructions at the top of each age, then:

1) Tear backing with figures from each page.
2) Remove the individual figures from the tape and backing.
3) Place them on the page in an upright position.

NOTE: Do <u>not</u> lick them--they stick dry.

SSM-sa

On this sheet of paper you will notice a figure has been placed in the center. This figure is intended to represent yourself as you now are. Attached are three more figures which you are to use to represent three typical or average people in this country. Attach these figures to the page, arranging them as you please.

SSM-se

On this sheet of paper you will notice that a figure has been placed in the center. This figure is intended to represent yourself as you now are. Attached is another figure which is intended to represent yourself as you would like to be, or your ideal self. Attach this figure to the page, arranging it as you please.

SSM-pa

On this sheet of paper you will notice that a figure has been placed in the center. This figure is intended to represent yourself as you now are. Attached are three more figures which are intended to represent your three closest friends, or the three people you know best. Attach these figures to the page, arranging them as you please.

SRM

Below are three short descriptions of difficulties which people often express. Read all three and then at the bottom indicate for each description how much it expresses your feelings. Place a check on the line for each description to indicate your agreement from o% (none) to 100% (complete).

1) The confusion in our society is a problem for me. With things changing rapidly and moving in different directions I get the feeling that I don't really belong. It seems as if the whole society is out of control, and there's nothing I can see to do about it. It's hard to know what things mean in this society.

2) The difficulty of finding friends is a problem for me. Most of the people I see are difficult to get to know, and very often we're not interested in the same things. I don't spend much time with people, and usually I don't miss their company.

3) Being out of touch with my real self seems to be a problem for me. I don't know myself very well, and have the feeling of just pretending to be me. Since I don't understand wny I do the things that I do, they don't seem to mean very much to me.

Express your agreement with each statement below:

1) 0% _____ 100%

2) 0% _____ 100%

3) 0% _____ 100%

LACH-1

Below is a list of words and phrases often used to describe people. Read each carefully and then decide if it describes YOU as you are now. Then decide if it describes your IDEAL SELF or yourself as you'd like to me. Next decide if it describes your CLOSEST FRIEND or the person you know best. Finally, decide if, in your opinion, it describes the average or TYPICAL PERSON. Place a check in each space which you feel the word describes. Below is an example:

	YOU	IDEAL SELF	FRIEND	TYPICAL PERSON
Likes baseball	x	___	x	___

Notice that a word or phrase may apply to none, some, or all of the choices.

	YOU	IDEAL SELF	FRIEND	TYPICAL PERSON
1. Able to give orders	___	___	___	___
2. Appreciative	___	___	___	___
3. Apologetic	___	___	___	___
4. Able to take care of self	___	___	___	___
5. Accepts advice readily	___	___	___	___
6. Able to doubt others	___	___	___	___
7. Affectionate and understanding	___	___	___	___
8. Acts important	___	___	___	___
9. Able to criticize self	___	___	___	___
10. Admires and imitates others	___	___	___	___
11. Agrees with everyone	___	___	___	___
12. Always ashamed of self	___	___	___	___
13. Very anxious to be approved of	___	___	___	___

		YOU	IDEAL SELF	FRIEND	TYPICAL PERSON
14.	Always giving advice	___	___	___	___
15.	Bitter	___	___	___	___
16.	Bighearted and unselfish	___	___	___	___
17.	Boastful	___	___	___	___
18.	Business-like	___	___	___	___
19.	Bossy	___	___	___	___
20.	Can be frank and honest	___	___	___	___
21.	Clinging vine	___	___	___	___
22.	Can be strict if necessary	___	___	___	___
23.	Considerate	___	___	___	___
24.	Cold and unfeeling	___	___	___	___
25.	Can complain if necessary	___	___	___	___
26.	Cooperative	___	___	___	___
27.	Complaining	___	___	___	___
28.	Can be indifferent to others	___	___	___	___
29.	Critical of others	___	___	___	___
30.	Can be obedient	___	___	___	___
31.	Cruel and unkind	___	___	___	___
32.	Dependent	___	___	___	___
33.	Dictatorial	___	___	___	___
34.	Distrusts everybody	___	___	___	___
35.	Dominating	___	___	___	___
36.	Easily embarrassed	___	___	___	___
37.	Eager to get along with others	___	___	___	___

		YOU	IDEAL SELF	FRIEND	TYPICAL PERSON
38.	Easily fooled	___	___	___	___
39.	Egotistical and conceited	___	___	___	___
40.	Easily led	___	___	___	___
41.	Encouraging others	___	___	___	___
42.	Enjoys taking care of others	___	___	___	___
43.	Expects everyone to admire him	___	___	___	___
44.	Faithful follower	___	___	___	___
45.	Frequently disappointed	___	___	___	___
46.	Firm but just	___	___	___	___
47.	Fond of everyone	___	___	___	___
48.	Forceful	___	___	___	___
49.	Friendly	___	___	___	___
50.	Forgives anything	___	___	___	___
51.	Frequently angry	___	___	___	___
52.	Friendly all the time	___	___	___	___
53.	Generous to a fault	___	___	___	___
54.	Gives freely of self	___	___	___	___
55.	Good leader	___	___	___	___
56.	Grateful	___	___	___	___
57.	Hard-boiled when necessary	___	___	___	___
58.	Helpful	___	___	___	___
59.	Hard-hearted	___	___	___	___
60.	Hard to convince	___	___	___	___

		YOU	IDEAL SELF	FRIEND	TYPICAL PERSON
61.	Hot-tempered	___	___	___	___
62.	Hard to impress	___	___	___	___
63.	Impatient with other's mistakes	___	___	___	___
64.	Independent	___	___	___	___
65.	Irritable	___	___	___	___
66.	Jealous	___	___	___	___
67.	Kind and reassuring	___	___	___	___
68.	Likes responsibility	___	___	___	___
69.	Lacks self-confidence	___	___	___	___
70.	Likes to compete with others	___	___	___	___
71.	Lets others make decisions	___	___	___	___
72.	Likes everybody	___	___	___	___
73.	Likes to be taken care of	___	___	___	___
75.	Loves everybody	___	___	___	___
75.	Makes a good impression	___	___	___	___
76.	Manages others	___	___	___	___
77.	Meek	___	___	___	___
78.	Modest	___	___	___	___
79.	Hardly ever talks back	___	___	___	___
80.	Often admired	___	___	___	___
81.	Obeys too willingly	___	___	___	___
82.	Often gloomy	___	___	___	___
83.	Outspoken	___	___	___	___

	YOU	IDEAL SELF	FRIEND	TYPICAL PERSON
84. Overprotective of others	___	___	___	___
85. Often unfriendly	___	___	___	___
86. Oversympathetic	___	___	___	___
87. Often helped by others	___	___	___	___
88. Passive and unaggressive	___	___	___	___
89. Proud and self-satisfied	___	___	___	___
90. Always pleasant and agreeable	___	___	___	___
91. Resentful	___	___	___	___
92. Respected by others	___	___	___	___
93. Rebels against anything	___	___	___	___
94. Resents being bossed	___	___	___	___
95. Self-reliant and assertive	___	___	___	___
96. Sarcastic	___	___	___	___
97. Self-punishing	___	___	___	___
98. Self-confident	___	___	___	___
99. Self-seeking	___	___	___	___
100. Shrewd and calculating	___	___	___	___
101. Self-respecting	___	___	___	___
102. Shy	___	___	___	___
103. Sincere and devoted to friends	___	___	___	___
104. Selfish	___	___	___	___
105. Skeptical	___	___	___	___
106. Sociable and neighborly	___	___	___	___

		YOU	IDEAL SELF	FRIEND	TYPICAL PERSON
107.	Slow to forgive a wrong	___	___	___	___
108.	Somewhat snobbish	___	___	___	___
109.	Spineless	___	___	___	___
110.	Stern but fair	___	___	___	___
111.	Spoils people with kindness	___	___	___	___
112.	Straightforward and direct	___	___	___	___
113.	Stubborn	___	___	___	___
114.	Suspicious	___	___	___	___
115.	Too easily influenced by friends	___	___	___	___
116.	Thinks only of self	___	___	___	___
117.	Tender and soft-hearted	___	___	___	___
118.	Timid	___	___	___	___
119.	Too lenient with others	___	___	___	___
120.	Toughy and easily hurt	___	___	___	___
121.	Too willing to give to others	___	___	___	___
122.	Tries to be too successful	___	___	___	___
123.	Trusting and eager to please	___	___	___	___
124.	Tries to comfort everyone	___	___	___	___
125.	Usually gives in	___	___	___	___
126.	Very respectful to authority	___	___	___	___
127.	Wants everyone's love	___	___	___	___
128.	Well thought of	___	___	___	___

	YOU	IDEAL SELF	FRIEND	TYPICAL PERSON
129. Wants to be led	___	___	___	___
130. Will confide in anyone	___	___	___	___
131. Warm	___	___	___	___
132. Wants everyone to like him	___	___	___	___
133. Will believe anyone	___	___	___	___
134. Well-behaved	___	___	___	___

APPENDIX B

Cross tabulations of demographic and social characteristics of the subject groups. Figures tabled in percentages and tested by chi-square statistic.

Table B-1

Sex by Group in Percent

	Male	Female
FCPT	33.3	66.7
FCST	43.8	56.3
VAPT	96.2	3.8
VAST	61.1	38.9
Total Sample	60.8	39.2

Chi square = 23.18, df = 3, $p<.001$

Table B-2. Religious Identification by Subject Group in Percent

	None	Protestant	Catholic	Jewish	Buddahist	Humanist	Atheist	Other
FCPT	52.0	8.0	20.0	8.0	4.0	4.0	0.0	4.0
FCST	80.0	6.7	6.7	6.7	0.0	0.0	0.0	0.0
VAPT	23.1	42.3	30.8	3.8	0.0	0.0	0.0	0.0
VAST	33.3	27.8	16.7	13.9	0.0	0.0	5.6	2.8
Total Sample	42.2	23.5	19.6	8.8	1.0	1.0	2.0	2.0

Chi square = 33.38, df = 21, $p<.05$.

Table B-3

Race by Subject Group in Percent

	White	Black	Oriental
FCPT	100.0	0.0	0.0
FCST	100.0	0.0	0.0
VAPT	39.2	30.8	0.0
VAST	97.2	0.0	2.8
Total Sample	91.2	7.8	1.0

Chi square = 27.07, df = 6, $p<.01$.

Table B-4. Region of Principal Residence by Subject Group in Percent

	Nrthwst	Sthwst	Nrthcntrl	Sthcntrl	Nrthest	Sthest	N. Engl	Calif.	Foreign
FCPT	8.0	8.0	4.0	4.0	28.0	0.0	0.0	48.0	0.0
FCST	0.0	6.7	20.0	0.0	33.3	0.0	0.0	40.0	0.0
VAPT	0.0	0.0	8.3	12.5	16.7	12.5	0.0	45.8	4.2
VAST	5.9	5.9	17.6	2.9	20.6	5.9	8.8	29.4	2.9
Total Sample	4.1	5.1	12.2	5.1	23.5	5.1	3.1	39.8	2.0

Chi square = 26.28, df = 24, $p<.34$ (N.S.).

Table B-5. Region of Birth by Subject Group in Percent

	Nrthwst	Sthwst	Nrthcntrl	Sthcntrl	Nrthest	Sthest	N. Engl	Calif.	Foreign
FCPT	8.0	8.0	8.0	8.0	28.0	0.0	0.0	40.0	0.0
FCST	12.5	6.3	12.5	6.3	43.8	0.0	0.0	12.5	6.3
VAPT	0.0	0.0	7.7	15.4	30.8	11.5	3.8	23.1	7.7
VAST	5.6	0.0	19.4	13.9	36.1	2.8	8.3	5.6	8.3
Total Sample	5.8	2.9	12.6	11.7	34.0	3.9	3.9	19.4	5.8

Chi square = 32.48, df = 24, $p<.12$ (N.S.).

Table B-6. Mother's Education by Subject Group in Percent

	Grade School	Some High School	High School	Some College	College	Post College
FCPT	4.0	8.0	60.0	8.0	16.0	4.0
FCST	5.9	5.9	29.4	34.3	17.6	5.9
VAPT	15.4	42.3	34.6	3.8	3.8	0.0
VAST	5.6	11.1	36.1	8.3	27.8	11.1
Total Sample	7.7	17.3	40.4	11.5	17.3	5.8

Chi square = 37.40, df = 15, $p<.01$.

Table B-7. Father's Education by Subject Group in Percent

	Grade School	Some High School	High School	Some College	College	Post College
FCPT	16.0	8.0	36.0	0.0	32.0	8.0
FCST	11.8	5.9	29.4	11.8	17.6	23.5
VAPT	30.8	30.8	19.2	7.7	7.7	3.8
VAST	11.1	13.9	13.9	11.1	22.2	27.8
Total Sample	17.3	15.4	23.1	7.7	20.2	16.3

Chi square = 27.04, df = 15, $p<.01$.

Table B-8. Education by Group in Percent

	Grade School	Some High School	High School	Some College	College	Post College
FCPT	0.0	12.0	24.0	32.0	24.0	8.0
FCST	5.9	0.0	0.0	29.4	11.8	52.9
VAPT	3.8	30.8	26.9	19.2	11.5	7.7
VAST	0.0	0.0	0.0	2.8	5.6	91.7
Total Sample	1.9	10.6	12.5	18.3	12.5	44.2

Chi square = 78.74, df = 15, $p<.01$.

Table B-9

Number of Suicide Attempts by Group in Percent

	None	One	More
FCPT	76.0	24.0	0.0
FCST	75.0	18.8	6.3
VAPT	76.0	20.0	4.0
VAST	100.0	0.0	0.0
Total Sample	84.3	13.7	2.0

Chi square = 12.72, df = 6, $p<.05$.

Table B-10

Number of Arrests by Group in Percent

	None	One	Two	Three	Four	Five
FCPT	72.0	24.0	0.0	4.0	0.0	0.0
FCST	68.8	18.8	0.0	6.3	0.0	6.3
VAPT	61.5	19.2	7.7	3.8	3.8	3.8
VAST	91.7	5.6	2.8	0.0	0.0	0.0
Total Sample	75.7	15.5	2.9	2.9	1.0	1.9

Chi square = 17.08, df = 15, $p<.32$ (N.S.).

Table B-11

Father Regularly Employed in Childhood by Group in Percent

	No	Yes
FCPT	20.8	79.2
FCST	0.0	100.0
VAPT	11.5	88.5
VAST	5.6	94.4
Total Sample	9.9	90.1

Chi square - 5.70, df - 3, $p<.13$ (N.S.).

Table B-12

Political Party Affiliation by Group in Percent

	Democrat	Republican	Independent	None	Other
FCPT	52.0	0.0	0.0	44.0	4.0
FCST	37.5	0.0	0.0	62.5	0.0
VAPT	19.2	11.5	3.8	61.5	3.8
VAST	63.9	8.3	0.0	27.8	0.0
Total Sample	45.6	5.8	1.0	45.6	1.9

Chi square = 21.26, df = 12, $p<05$.

Table B-13

Magazines Regularly Read by Group in Percent

	None	One	Two	Three	Four	Five	Six	Seven
FCPT	48.0	16.0	0.0	28.0	4.0	4.0	0.0	0.0
FCST	43.8	6.3	12.5	25.0	12.5	0.0	0.0	0.0
VAPT	53.8	23.1	19.2	0.0	3.8	0.0	0.0	0.0
VAST	16.7	8.3	16.7	19.4	13.9	11.1	8.3	5.6
Total Sample	37.9	13.6	12.6	17.5	8.7	4.9	2.9	1.9

Chi Square - 38.28, df = 21, $p<.02$.

Table B-14

Military Service by Group in Percent

	No	Yes
FCPT	84.0	16.0
FCST	81.3	18.8
VAPT	3.8	96.2
VAST	66.7	33.3
Total Sample	57.3	42.7

Chi square = 42.68, df = 3, $p<.01$.

Table B-15. Type of Dwelling by Group in Percent

	Unstable	Dorm	Room	Hotel	Apartment	House	Hospital	Other
FCPT	4.0	4.0	8.0	0.0	64.0	16.0	0.0	4.0
FCST	12.5	6.3	12.5	0.0	50.0	12.5	0.0	6.3
VAPT	3.8	0.0	7.7	7.7	26.9	53.8	0.0	0.0
VAST	2.8	0.0	0.0	0.0	38.9	55.6	2.8	0.0
Total Sample	4.9	1.9	5.8	1.9	43.7	38.8	1.0	1.9

Chi square = 35.04, df = 21, $p<.03$.

Table B-16. Persons Lived with by Group in Percent

	Spouse	Child	Parent	Other Relative	Friend Same Sex	Friend Opp. Sex	None	Unstable	Other
FCPT	16.0	8.0	4.0	0.0	16.0	32.0	20.0	0.0	4.0
FCST	31.3	6.3	6.3	6.3	18.8	6.3	25.0	0.0	0.0
VAPT	67.7	0.0	7.7	0.0	0.0	0.0	23.1	3.8	7.7
VAST	55.6	13.9	0.0	0.0	2.8	5.6	22.2	0.0	0.0
Total Sample	42.7	7.8	3.9	1.0	7.8	10.7	22.3	1.0	2.9

Chi square = 48.43, df = 24, $p < .01$.

Table B-17. Marital Status by Group in Percent

	Never Marr.	First Marr.	Remarr.	Separ.	Divorc.	Widow.	Shack up	Other	Several
FCPT	56.0	16.0	0.0	8.0	4.0	0.0	8.0	4.0	4.0
FCST	31.3	18.8	0.0	25.0	6.3	6.3	12.5	0.0	0.0
VAPT	19.2	34.6	23.1	11.5	11.5	0.0	0.0	0.0	0.0
VAST	19.4	50.0	5.6	2.8	13.9	2.8	5.6	0.0	0.0
Total Sample	30.1	33.0	7.8	9.7	9.7	1.9	5.8	1.0	1.0

Chi square = 44.96, df = 24, $p<.01$.

APPENDIX C

Analysis of variance tables of demographic and social characteristics of subject groups. Group characteristics expressed as means tested for significant differences by analysis of variance.

Table C-1

Mean Age of Groups

Groups	Mean	Standard Deviation	N
FCPT	24.2	3.40	25
FCST	31.8	9.23	16
VAPT	47.6	7.11	25
VAST	38.8	11.33	36

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	7378.08	3	2459.36
Within Groups	7256.24	98	74.04
Total	14634.31	101	

$F = 33.21$, $p<.01$.

Table C-2

Mean Number of Siblings of Groups

Groups	Mean	Standard Deviation	N
FCPT	2.04	1.62	25
FCST	2.19	1.64	16
VAPT	4.00	3.14	26
VAST	2.08	1.59	36

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	71.06	3	23.69
Within Groups	438.15	99	4.43
Total	509.20	102	

F = 5.35, N.S.

Table C-3

Mean Birth Order of Groups

Groups	Mean	Standard Deviation	N
FCPT	1.96	1.17	25
FCST	1.44	.73	16
VAPT	2.41	2.04	22
VAST	1.60	.98	35

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	12.09	3	4.03
Within Groups	160.62	94	1.71
Total	172.70		

F = 2.36, N.S.

Table C-4

Mean Number of Marriages of Groups

Groups	Mean	Standard Deviation	N
FCPT	.24	.44	25
FCST	.88	.72	16
VAPT	1.12	.82	26
VAST	.86	.64	36

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	10.59	3	3.53
Within Groups	43.27	99	.44
Total	53.86	102	

F = 8.08, N.S.

Table C-5

Mean Years Married of Groups

Groups	Mean	Standard Deviation	N
FCPT	4.50	3.62	6
FCST	6.67	9.56	12
VAPT	13.47	10.67	19
VAST	12.22	9.02	27

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	633.54	3	211.18
Within Groups	5233.57	60	87.23
Total	5867.11		

F = 2.42, N.S.

Table C-6

Mean Salary Last Year of Groups (Hundreds of Dollars)

Groups	Mean	Standard Deviation	N
FCPT	35.21	31.16	24
FCST	47.12	50.92	16
VAPT	44.80	47.29	25
VAST	178.97	95.94	36

Analysis of Variance

Source	Sum of Squares	df	Mean Square

Table C-7

Mean Years at One Job of Groups

Groups	Mean	Standard Deviation	N
FCPT	.92	1.22	25
FCST	3.69	4.22	16
VAPT	7.62	9.97	26
VAST	6.17	6.07	36

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	668.93	3	222.98
Within Groups	2484.43	99	25.09
Total	3153.36	102	

$F = 8.89$, $p < .05$.

Table C-8

Mean Education in Years of Groups

Groups	Mean	Standard Deviation	N
FCPT	13.68	2.46	25
FCST	17.00	2.19	16
VAPT	12.00	3.62	26
VAST	19.36	1.85	36

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	967.19	3	322.40
Within Groups	665.75	99	6.72
Total	1632.93		

$F = 47.94$, $p < .01$.

Table C-9

Mean Mother's Education in Years of Groups

Groups	Mean	Standard Deviation	N
FCPT	12.64	2.38	25
FCST	13.75	2.38	16
VAPT	10.23	2.65	22
VAST	13.31	3.22	35

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	162.29	3	54.10
Within Groups	720.17	94	7.66
Total	882.46	97	

F = 7.06, N.S.

Table C-10

Mean Father's Education in Years of Groups

Groups	Mean	Standard Deviation	N
FCPT	13.64	3.20	22
FCST	14.12	3.61	16
VAPT	10.38	4.19	21
VAST	14.35	4.55	34

Analysis of Variance

Source	Sum of Squares	df	Mean Square
Between Groups	229.75	3	76.58
Within Groups	1445.56	89	16.24
Total	1675.31	92	

F = 4.72, N.S.

APPENDIX D

FC Patients

		Self Rating			Questionnaire			Figure Placement			Leary ACL		
		Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self
Self Rating	Social		-24	33	06	15	-04	-08	26	76	19	04	-02
	Peer			-02	00	19	02	15	-10	-12	04	-05	06
	Self				24	37	05	00	31	28	-06	33	-03
Questionnaire	Social					66	51	20	26	19	28	18	-04
	Peer						25	12	32	12	41	33	12
	Self							60	13	01	23	02	01
Figure Placement	Social								-05	-05	27	-18	-13
	Peer									49	07	12	-22
	Self										14	08	02
Leary ACL	Social											51	62
	Peer												71
	Self												

Note: Correlations greater than r = 35 p<.05.

VA Staff

		Self Rating			Questionnaire			Figure Placement			Leary ACL		
		Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self
Self Rating	Social		-27	-10	-27	-05	-28	-16	44	65	-07	-06	-08
	Peer			16	10	02	16	47	13	-11	-01	-19	16
	Self				38	10	44	38	36	13	31	12	14
Questionnaire	Social					62	62	34	14	-08	19	33	29
	Peer						44	41	03	-08	08	49	27
	Self							33	-05	-16	21	13	22
Figure Placement	Social								16	02	13	14	15
	Peer									23	06	13	07
	Self										-24	-17	-17
Leary ACL	Social											38	37
	Peer												37
	Self												

Note: Correlations greater than r = .38 p<.05.

FC Staff

		Self Rating			Questionnaire			Figure Placement			Leary ACL		
		Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self
Self Rating	Social		22	07	-10	-24	-08	-02	13	12	-20	-02	-11
	Peer			44	24	21	01	41	-39	-03	09	03	14
	Self				30	24	24	02	-34	-09	-08	-27	-10
Questionnaire	Social					58	68	67	-60	06	-17	36	-04
	Peer						55	65	-59	21	22	35	17
	Self							68	-68	06	-03	53	20
Figure Placement	Social								-66	18	10	61	30
	Peer									-03	-01	-47	-10
	Self										26	41	55
Leary ACL	Social											39	49
	Peer												63
	Self												

Note: Correlations greater than r = .41 p<.05.

VA Patients

		Self Rating			Questionnaire			Figure Placement			Leary ACL		
		Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self	Soc.	Peer	Self
Self Rating	Social		-32	16	36	35	24	29	50	98	-27	25	07
	Peer			-07	-25	26	02	23	14	-31	-01	14	10
	Self				-03	09	-11	09	39	19	-55	-23	-26
Questionnaire	Social					69	82	24	28	30	20	08	12
	Peer						64	34	39	28	23	03	01
	Self							42	31	24	18	06	-10
Figure Placement	Social								34	25	11	10	28
	Peer									54	-16	18	-03
	Self										-19	25	04
Leary ACL	Social											29	48
	Peer												57
	Self												

Note: Correlations greater than r = 35 p<.05.